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OF THE STATE OF MARYLAND

FREDERICK COUNTY ISSUE

Maryland

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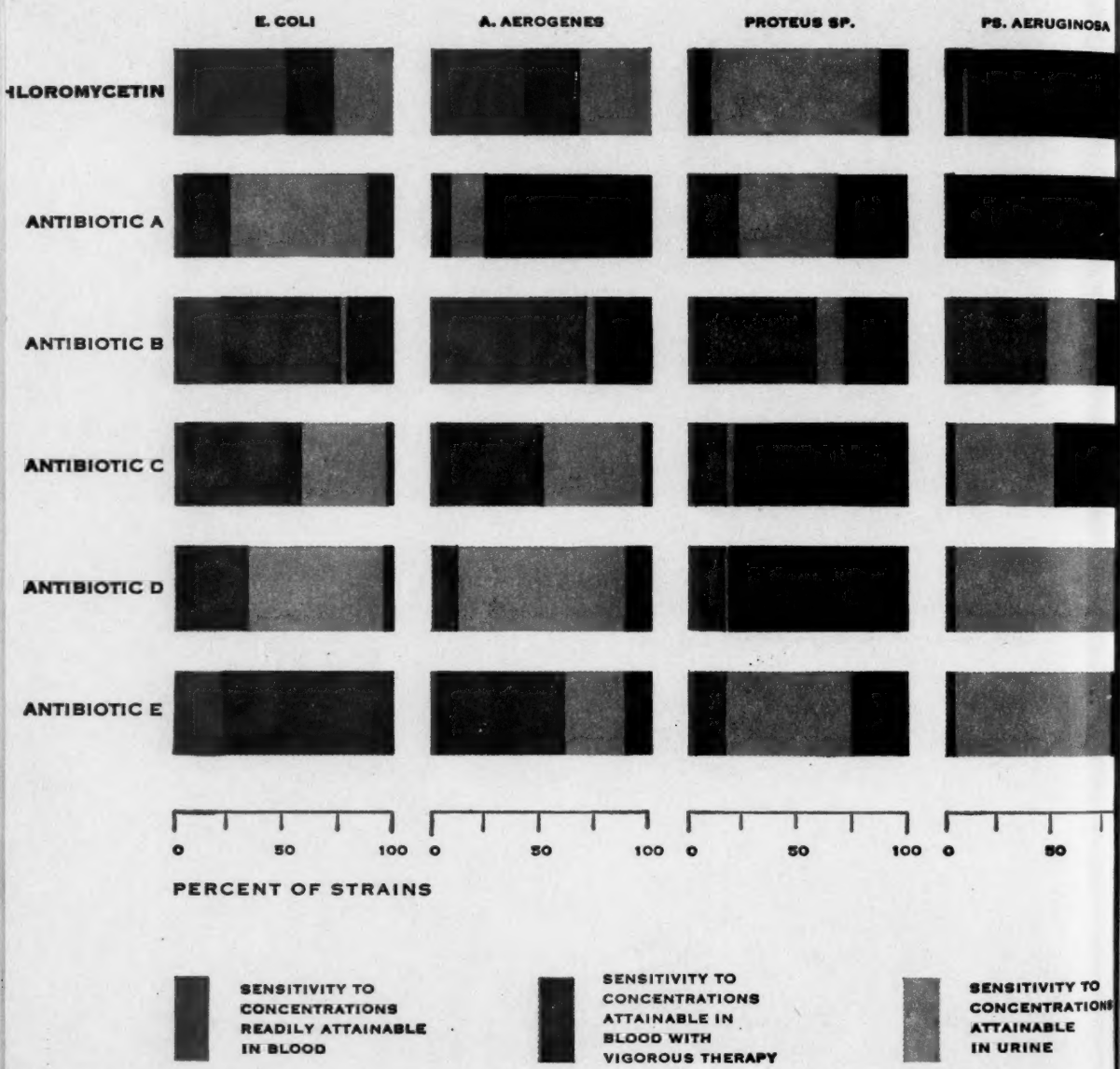

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* The pen and ink sketches were drawn by Mr. JAMES S. DECKER, 106 W. Patrick Street, Frederick, Maryland.

Maryland
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VOLUME 4 | *November, 1955* | NUMBER 11

Frederick County Issue

PREFACE

THOMAS H. QUILL, M.D.*

Demonstraturi te salutamus, we who are about to demonstrate, greet you. In paraphrasing the gladiators, we hope you will find the spectacle sufficiently rewarding to turn thumbs up.

This, our small effort, did not spring forth like Juno out of Jove's head. Rather, like Eve, we gave birth with pangs.

We were impregnated with the idea of taking over this issue by the editor, Dr. George Yeager, early last year. As with most conceptions, the self-gratulatory glow was most pleasant. Not so the gestation. Originally, the issue was to be like a "Tom Collins," a little history well watered with clinical reports. So planned the first chairman of the committee. Long before viability he moved to warmer, if not greener, pastures in California. It was then too late to gather the scattered fragments and meet the deadline. The project aborted.

Quickening again occurred in June. Under a new chairman, matters went apace. The idea was conceived to produce a nonclinical issue on a subject of particular interest to other rural medical societies. It was planned as a symphony on "Accreditation, with variations on the theme." Each department would play its notes, so written and arranged, that they might blend into a harmonious movement.

* President, Frederick County Medical Society; Chief of Ophthalmological Service, Frederick Memorial Hospital.

Officers of the Frederick County Medical Society, 1955
Front row, left to right: NORVEL BELT, M.D., *Vice-President;* JOHN M. CULLER, M.D., *Treasurer*. Rear row, left to right: THOMAS H. QUILL, M.D., *President;* THOMAS E. STONE, M.D., *Secretary*.

Credit for this production is due, then, not only to the chairman and his committee, but also to each contributor. There were eighteen other helpers, too numerous to mention individually. As President of the Frederick County Medical Society, I wish to thank the ladies of the Frederick Memorial Hospital Board, past and present, and my fellow members who shared in this work.

As a rural medical society, we felt that the exposition of a problem common to all other societies would be worth-while. Certainly, there are few problems more timely and cogent than hospital accreditation. The road to accreditation was long and arduous. After all, accreditation is merely a recognition that the hospital is well built and well managed and gives excellent care to the sick. In striving toward these ends in Frederick, two new wings were built in 1927, and several reorganizations of the administration and nursing departments were made. Ten years ago the first drug formulary was drawn. Evolving from such early beginnings, the whole complex structure of a modern departmentalized hospital was erected.

We fondly hope that the contents herein will clarify the problem of accreditation and give some help toward its attainment. We trust you will find that out of our labor we have brought forth not a mouse, but a worthy offspring.

Professional Building
Frederick, Maryland

HISTORY OF THE FREDERICK COUNTY MEDICAL SOCIETY

HENRY V. CHASE, M.D.*

On the second day of June in the year 1847 the Frederick County Medical Society came into being. At an assembly held in the Masonic Hall at 11 o'clock in the morning. Dr. Jerningam Boone made the motion that Dr. Jacob Baer be called to occupy the chair. He proposed, likewise, that Dr. J. W. Seyer be appointed Secretary of the Convention. These motions were carried. The organization had taken its first steps.

At this point of the original meeting, Dr. Lloyd Dorsey proposed a motion: "Resolved: That it is expedient to organize a Medical Society for Frederick County, to be auxiliary to the Medico-Chirurgical Faculty of the State of Maryland." To implement this motion, a committee was appointed to report a Constitution and By-Laws for the government of the Society. Serving on this committee were Dr. Samuel Tyler, Dr. W. W. Mead and Dr. Lloyd Dorsey, who had made the original proposal to organize a Medical Society.

At 2:00 P.M. on the same June 2nd, The Con-

* Medical Service, Frederick Memorial Hospital.

vention re-assembled. At this session the Constitution and By-Laws were read and adopted. It was agreed that the organization would be known as the "Medical Society of Frederick County," and that this said Society would be auxiliary to the Medico Chirurgical Faculty of the State of Maryland.

At this first and all important meeting, the objectives of the new Society were spelled out:

(1) "The separation of regular from irregular practitioners of medicine.
(2) The association of the profession proper, for purposes of mutual recognition and fellowship.
(3) The promotion of the character, interests and honor of the fraternity by maintaining the union and harmony of the profession of the county and aiming to elevate the standard of Medical Education.
(4) The cultivation and advancement of the science by our united exertions for mutual improvement and our contribution to Medical Literature."

To guide the young organization through its first important stages, Dr. William Tyler was elected president. Dr. William Waters and Dr. George W. West were vice-presidents; Dr. Samuel Tyler was given the onerous duty of recording secretary. Dr. Jerningam Boone was elected to be corresponding secretary. As treasurer we find Dr. Lloyd Dorsey.

The Society grew and flourished for about ten years. During these years, the group numbered within its folds members who were truly active both in the State Society and in the local organization. One of the first products was the publication of a Code of Medical Ethics which was quite elaborate and a well written document. This was published in 1848. In the course of this year we also find another of literary production. A dispute had arisen between Dr. Samuel Tyler and Dr. Jefferson Shields. This was aired in letters written to the Medico Chirurgical Faculty. Dr. Tyler accused Dr. Shields of unethical behaviour, contending that Dr. Shields had implied to a patient that medicine prescribed by Dr. Tyler had caused convulsions.

In 1849, a report on Epidemic Cholera was prepared by a committee consisting of Dr. Waters, Dr. Ritchie and Dr. Shields. On March 21, 1849, Dr. William Waters read this paper before the convened Society. It seems that the dreaded disease had revisited this continent and members of the medical profession were "summoned to be prepared for the conflict."

During the following year, a Dispensary was erected by the Society to care for the pauper patients of Frederick City. To finance this enterprize, an appropriation was voted, viz. $100. Mr. George I. Fisther submitted a bid to supply medicines at 12½ cents per prescription or to fill all prescriptions at the staggering sum of $40 a year. The latter offer was accepted. The care of the Dispensary itself fell to two physicians who were monthly appointees. Medical treatment was available seven days a week. The regulations for the Dispensary are quite interesting and a copy of them is available for any of the doctors who might want to peruse them.

The actual minutes of the meetings held by the Medical Society during these years is not to be found, but correspondence with the State Society requesting permission to change the Quorum from six to four, would seem to indicate that attendance at the gatherings was decreasing. We do find mention that in 1853, the members agreed not to attend patients on a yearly arrangement.

This early period in the evolution of the Medical Society in Frederick can be said to have closed with the presidency of Dr. Jacob Baer, who served as head of the State Society from 1855–1856, and with the meeting of the Medico Chirurgical Faculty in Frederick in 1857. At this assembly, Dr. William Walters delivered what in the records is termed "a very interesting and able oration." In contrast to the recent meeting of the Medical Society itself, the convention was well attended and the members from other regions were handsomely entertained by the Physicians of Frederick County.

After 1857, formal functioning of the Society seems to have faltered considerably, though we have record of active participation in the affairs of the State Society by individuals who were members of the Frederick Group; this is attested to by the election of Dr. William A. A. Kemp to the Presidency of the Medico Chirurgical Faculty in 1882. He served for one year.

The next phase of the history of the Frederick County Medical Society knew its inception on the 29th of October 1898. On that fateful day, the organization as we now know it was formed and given life. Articles of Incorporation were written and submitted to the Court. They were approved by the Court on November 15, 1898. There were thirty-seven charter members, one of whom Dr. George Henry Riggs, is still living.

It is quite interesting to note that this Incorporation was drawn up and approved just prior to the Semi-Annual Meeting of the State Society. It seems, that this was more than coincidental. This was the second time that Frederick County had played Host to the convention. At the various meetings, papers were read by Dr. Osler, Dr. Chew, Dr. Young, Dr. Hammeter and others. The place of convocation was Kemp Hall, now housing offices of Doctors of this city.

As for the local Society, it was not found to be as vigorous as the earlier Society in its first years. There is no account of any outstanding papers being compiled and presented to the assembled doctors, and the attendance itself proved to be discouraging. There is evidence of internecine strife and gradually the differences crystallized into two opposing factions. Each camp had its own hospital and the cooperation necessary for the smooth functioning of any group of medical institutions, was anything but in evidence. With the passage of years, it became more and more obvious that a reorganization was required. In 1903, the Society was Re-incorporated and then re-organized in 1904.

An important figure during this early period was Dr. Franklin Buchanan Smith. He was president of the County Society from 1900–1903 and served on the Maryland State Board of Medical Examiners from its time of organization in 1892 until 1912. In 1903 he was vice-president of the Medical and Chirurgical Faculty and was elected president in 1910. Among his important contributions to the community was that of Health Officer from 1886–1895. Due to his untiring efforts to bring about the adoption of many measures

beneficial to the public health, the epidemic of diphtheria which had raged from 1880–1885, was abated.

Matters of Public Health continued to occupy the attention of this revitalized group. A part time Health Officer was not adequate to keep pace with the rapid strides being made in the field of preventive Medicine. The Frederick Society met the challenge and in December 1923, submitted a petition to the County Commissioners requesting an appropriation for a full time physician. Upon the recommendation of the members of the Medical Society, Dr. E. C. Kefauver was appointed to this post. He served the County in the capacity of Health Officer until June 1947. To him goes the credit primarily for laying the foundation of the now smoothly functioning and adequate County Health Department. To the Society must be given credit for unfailing support of this agency since its inception. Testimony to its loyalty can be found in the record for 1933. At that time, mention was made that the Health Laboratory would be removed from Frederick. Immediately the Medical Society urged the State to keep it here, indicating its vital importance in the preservation of the health of the community.

During the First World War, the members of the Medical Society were not so numerous, and the meetings were infrequent. With the stalking of influenza through the nation can be sensed a note of urgency in the official minutes of the Society. The meetings were short and the only discussions concerned themselves with the epidemic. This was quite understandable.

On November 3rd, and 4th, in the year 1925, the 127th Semi-Annual session of the Medical and Chirurgical Faculty was held in Frederick. The program included an address by Dr. Thomas B. Johnson, the President-elect. His subject was the Medical History of Frederick County. Other papers read at the time included those by Dr. Lewellys F. Barker, Dr. Guy L. Hunner and Dr. Adolf Meyer. The meeting was a huge success. But the success and glory of this year and meeting was soon to be clouded by tragedy. While touring Europe, Dr. Thomas B. Johnson had become ill and on December 25, 1925, a little more than a month after his election as president, he died. The Medical Faculty was never fortunate enough to feel his guiding hand. The many dignitaries who came to pay 'respects' to "Doctor Tom," attest to his prominence and to their personal esteem of a noble gentleman.

In the years after 1930, there is strong indication that the County Society took a new lease on life. The records teem with evidence of the growth and new interest of the members. This has continued until our day. Many pleasant enjoyable customs have been renewed; others have been initiated. The Annual May Meeting was held from 1933 through 1947 at the State Sanatorium at Sabillasville with Dr. Victor Cullen as host. The well remembered "Julep Bowl" was the high light of the meetings. Dr. Cullen was wont to invite the neighboring County Societies and the affairs were largely attended by members from Baltimore, Carroll County, Washington and Montgomery counties.

In the history of the County Society we find another Dr. Johnson playing an important role. Dr. William Crawford Johnson was treasurer of the organization from 1921 until he resigned in 1937. The treasurer reports during his tenure are striking by virtue of the large reserve maintained. Dr. Crawford was somewhat of an historian and personal letters indicate that he had intended to write a history of medicine in Frederick County. It is likewise significant that as early as 1934 he tried to alert the Society to the need for hospital insurance.

The semi-annual State meeting was again held in Frederick County in September 1939. The President-Elect and the Acting President were both members of the Frederick County Medical Society. Dr. Edward Philip Thomas, a member of the State Board of Examiners in Anatomy from 1937–1954 was to be the 91st president of the State Society. Dr. Victor F. Cullen presided at the meeting in Braddock Heights in place of

Dr. Dean Lewis. This convention was the most largely attended semi-annual meeting ever held up to that date.

With the onset of World War II, the society immediately organized a strong and efficient Civilian Defense Program. Dr. Charles Maxson addressed the County Society twice during the month of December 1941. He "noted surprise at the defense moves already instituted here." Many of the younger members left for the Service but the meetings were held regularly and were well attended despite the increased patient load of each member.

In the immediate post war period, the Medical Society recognized the need for expansion of the facilities of the Frederick Memorial Hospital. The members supported and led the successful drive to raise $600,000 for the new section of the hospital. The closing of the inadequate Emergency Hospital was recommended to the County Commissioners by the Medical Society. It was recently converted to a much needed Chronic Hospital.

In September 1950, the most recent Semi-Annual State Meeting held in Frederick County took place. The President-Elect of the Medical & Chirurgical Faculty was again from Frederick County. Presiding at the meeting in Braddock Heights was Dr. A. Austin Pearre, probably the most active member of the Frederick County Society in State Medical affairs since Dr. Philip Thomas. The occasion was informative and delightful and again, as in 1857, the "members were handsomely entertained by the Physicians of Frederick County." The highlight of the meeting for the members of the Ladies Auxiliary was the conducted tour of the many historic houses in the county.

At present, the Society is an active and well organized body. The meetings are well attended and informative. A few changes have been made recently in an effort to follow the current trend of spending more and more time on the scientific portion of the meeting. An Executive Committee was created in January 1954 to handle certain business matters that would otherwise take up time at the regular meetings. The Society meets on the third Tuesday of each month except during July and August.

The program includes a social period, dinner, a business meeting and the scientific program. The meeting place varies from month to month. The choice is influenced greatly by the quality of food and refreshments. Guest speakers usually come from Baltimore or Washington and the Society has always been fortunate in obtaining the best men in their respective fields of medicine.

The Society boasts of a membership of 58 as compared to 37 charter members. It is active in projects designed to improve the health and welfare of the "mother" county of Western Maryland. Its aims for the future can best be expressed by quoting from the Constitution—"elevate and make effective the opinion of the profession in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it."

Four East Church Street
Frederick, Maryland

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EARLY MEDICAL MEN OF FREDERICK COUNTY

LOUIS R. SCHOOLMAN, M.D.[1, 2]

Before the 18th century, Indian medicine men in what is now Frederick County, were besieged with patients. The area was so prolific with game that tribes repeatedly fought for its possession. In 1736, the earliest recorded account tells of a bloody pitched battle between the Delawares from Pennsylvania and the local Catawbas. Only one Delaware brave survived the carnage, and he preserved his life by taking refuge in the house of a Charles Friend, who lived on the Potomac River, in what is now southern Frederick County.

In those early days individual land grants were very large, some 7,000 acres or more. Until these were subdivided and farmed by immigrants, who came principally from Central Germany, professional men were extremely few in number and were confined to the larger towns. In many respects, the Germans were very much like the Pilgrims of New England. They were Protestants departing from their homeland because of political and religious oppression. They came to America in large groups accompanied by their pastors and school teachers. But they brought no physicians. Only large land owners could afford a house call, which might take a practitioner one whole day. Therefore, the early settlers of Frederick had to rely upon some person in the area who knew and collected medicinal herbs and had developed some medical reputation. These herbalists and bone setters were dubbed "Doctors."

Many of these white "medicine men" did a great deal of good. Others resorted to tricks to fleece the ignorant sick. Scharf, in his History of Maryland, states that this county became infested with these charlatans. In May 1754, Jacob Fouch arrived from Germany and although he had had no medical education, advertised himself as a practitioner. He announced he could cure "Country Distemper" (probably typhoid fever) in four weeks and would remove a wen without surgery.

The first physician of record in Frederick County was Philip Thomas who arrived August 1, 1769. He was a pupil of Dr. Thomas Van Dyke of Philadelphia and had attended lectures in medicine there. He was a man of wide interests and great ability. In the forty-six years he practiced in this County, he was involved in so many historical events, civic and professional, that perhaps he may be considered the most important physician of Frederick County to this date. But more of him later.

It is puzzling that there is no prior record of medical men in the county. For by this time, the town of Frederick had already existed twenty-four years. It had been laid out in 1745 on a patent of land called Tasker's Chance. Frederick County had been founded in 1748 and comprised the whole State of Maryland west of Baltimore and Prince George's Counties, including the present Counties of Frederick, Montgomery,

[1] Medical Service, Frederick Memorial Hospital.

[2] I am indebted to Mr. Joseph Urner, President of the Historical Society of Frederick County, Inc. for his assistance in searching the records.

Washington, Allegheny, Garrett, and portions of Howard and Carroll. In 1742, the parish of All Saints Episcopal Church was established. The petition of the general assembly for its formation was signed by 200 persons of the Episcopal faith, indicating a population of about 1000 Episcopalians. Between 1752 and 1755, 1060 emigrants from Germany and Switzerland arrived. Considering this expanding population, it is indeed surprising that trained physicians had not appeared before.

Shortly after Dr. Philip Thomas located, Dr. John Fischer began his practice. Then Dr. John Bogen opened an office. Dr. Bogen, a Hessian surgeon, captured during Burgoyne's disastrous campaign, had been confined to the prisoner barracks in Frederick. He felt quite at home here where German was spoken on the streets by fully half the populace. After the Revolutionary War, he practiced in Frederick, married a daughter of Harry Koontz and occupied a house on West Patrick Street.

In those days, physicians apparently had no compunction concerning advertising. On May 7, 1787, Dr. Adam Fischer informed the public that, since small pox was then prevalent in adjacent towns, he would inoculate as "low" as any other physician. He had been educated at a German University and was an able physician with a wide practice. He had been active in revolutionary affairs and was commissioned by the Frederick County Committee in 1775 to command a guard of men for the conveyance of prisoners to Philadelphia. He died from a kick by his horse at Reisterstown, Maryland. One of his sons was Dr. John Smith Fischer, who, in April 1806, announced removal from Patrick to Market Street next door to Conrad Shafer's tavern.

In the 1780's, four of the five Frederick County Charter members of the Medical and Chirurgical Faculty located here. They were John Tyler, William Hilleary, Francis Brown Sappington and Joseph Sim Smith. The fifth was Philip Thomas, who came years before.

John Tyler, the "celebrated coucher of cataracts," was born in Prince George's County in 1763. He studied medicine under Dr. Smith of Georgetown and then went abroad. He was a pupil at St. Bartholomew Hospital, London, where he received his diploma in 1784. Later he studied under John Hunter, Fordyce Pott and Baille. On opening his practice of medicine and surgery in 1786 in Frederick, he became the first oculist in America. He also was the first in the United States to operate for cataract and soon acquired a wide reputation. Patients came *all the way* from Richmond to be "couched" by him. He served in the militia during the Whiskey Insurrection in Pennsylvania, and was in politics to the extent of being an elector of Thomas Jefferson. He retired after forty-nine years of active practice and died at the ripe old age of seventy-eight.

William Hilleary was born at Mt. Pleasant, Frederick County, in 1775. He studied with Dr. Philip Thomas for three years before setting up his own practice in the county. During the War of 1812, he was a surgeon in Colonel Ragan's Regiment. Observing the Hippocratic Oath and emulating his teacher, Dr. Hilleary taught many physicians of Western Maryland before he died in 1834.

Francis Brown Sappington was born in 1760 in Libertytown, where many of his descendants still live. Apparently, he was the only one of the five founders of the Faculty who remained close to his hearth. He lived and practiced at Libertytown where he died in 1839.

Dr. Joseph Sim Smith was born in Calvert County. Both his father and grandfather were practicing physicians in Maryland. His son later practiced in Cumberland. He was surgeons mate in the famous Revolutionary regiment, Maryland Line, until 1780. Then he was commissioned a cornet in Armand's Partisan Legion, until 1782. After the Revolution he practiced at Taneytown. He was active in civil life, was major of militia in 1783 and Justice of the Peace for ten years. He died in 1822.

A driving spirit in the establishment of the Faculty is the one man about whom we know the least. He was Dr. Elisha John Hall, born in 1764. He began practice in Frederickstown about 1776. He was disturbed greatly by the prevalence of quackery and charlatanism and, being a man of action, did something about it. He corresponded with Dr. Frederick Weisenthal of Baltimore County concerning the advisability of a state wide organization of trained medical practitioners which could apply to the legislature for regulatory powers of medical practice. In 1788, he spoke before a local society of medical men in Baltimore expounding these views. Thus initiated, the movement gained momentum and culminated in the chartering of the Medical and Chirurgical Faculty of Maryland by the Legislature in 1799. Through its examining and licensing boards, the Faculty was empowered to grant and revoke the right to practice medicine in Maryland.

Shortly after his speech, Dr. Hall seemed to drop out of the recorded picture. He was not listed in the 1790 census of Frederick County, or as a charter member of the Faculty in 1799. He lived and presumably practiced in Baltimore County where he died and was buried in St. Thomas Church Yard in 1835.

Three years after the Faculty was established, Dr. Philip Thomas was elected President. In a speech before the convention of the Faculty in June 1802, he proposed the establishment of a medical college which could lay the educational foundation for the high medical standards required of those men applying for a license to practice. He must have been influential in the establishment of the University of Maryland Medical School in 1807. He strongly admonished the licensing board to no longer pass failing applicants on favoritism and their promise to study further. Having already practiced thirty-three years, he urged the board of examiners to pay strict attention to the "fundamental principles of the practice of Physic and Surgery" and not be satisfied with ingenuous sophistry.

Dr. Thomas was very active in that stirring period in the history of our County which included the Revolution and War of 1812. He served as Chairman of the Committee of Safety of Frederick County during the Revolutionary War. He was Medical Purveyor of Frederick County from 1781 to 1783. He was Justice of the Peace. In 1782, he put up a bond of 60,000 pounds, probably Continental Currency, to the State of Maryland in behalf of George Scott, collector of taxes for Frederick County. He was an elector of Washington.

He was a person of considerable property and a kindly man. The Frederick County Court House records disclose the following manumission, "I hereby emancipate and set at liberty John, alias John Maddox, a black man purchased as a slave of the representative of the late John Hanson, Esq." In the following several years he freed by similar manumission six additional slaves. In private, Dr. Thomas was prominent in the social life of the day. He married Jane Conti Hanson. She was a daughter of John Hanson, the revolutionary patriot, who, as the presiding officer of the Congress of the Confederation, was entitled "President of the United States in Congress Assembled." In the latter years of his life, Dr. Thomas maintained his interest in the profession. He was President of the Faculty from 1802 until his death. He died in 1815 in the bosom of his family, full of years and of honors.

Professional Building
Frederick, Maryland

REMINISCENCES OF FREDERICK COUNTY MEDICAL PRACTICE DURING THE LAST FIFTY YEARS

CHARLES H. CONLEY, JR., M.D.,* CHARLES H. CONLEY, M.D.,† W. MEREDITH SMITH, M.D.,† AND BERNARD O. THOMAS, M.D.‡

Reminiscing is a pleasant pastime, but difficult to record. Personalities and local lore often color the anecdote to such a degree that the spice is lost by repetition. So, it was with amazement, and considerable gratitude that I discovered our group of "oldsters" eager to tell a real story. They had serious and important matters to impart.

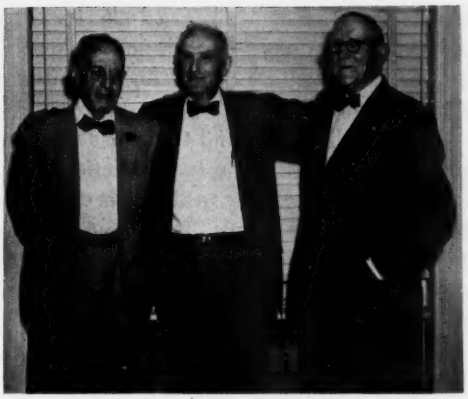
The appointed evening started in a more or less organized fashion. But soon, as memories came crowding back, one thing suggested another and this reporter was overwhelmed by the flow of material. It was not just, "Do you remember?", but such thought-provoking statements as these, "The close contact between the physician and his patient has been lost; with only his microscope to lean on, the modern chap misses many cases; we learned to know when our patient was sick, not just worried." All in all, it was an evening of high purpose, with a chance to express cherished thoughts to sympathetic ears.

"How did you start practicing 50 years ago?" "Well, you usually took over the practice of a dead or disabled practitioner. No payment. You bought his books and equipment and moved in. Or partnership with an established physician was favored, too. You pooled income and received your share. But now and then, a very hardy young man just moved into a community and started competing. The going for the first couple of years was hard enough at best. Five hundred dollars per year, cash, was a handsome reward. But there were some chickens, hams, and maybe an occasional load of hay for your horse, thrown in. Physicians then were not wealthy, but were esteemed gentlemen of moderate means, honest above all, and industrious."

Every village, fifty years ago, had one or two doctors. They say competition was fierce, and not too gentle at times. Whole communities split over their selection of a family physician. But the opinion of our group was unanimous; all the practicing physicians here were from schools recognized as being good at that time. There were no diploma mill M.D.'s, or men licensed by length of practice.

Communications and transportation always presented a problem. Every doctor, and at least one store in practically every village had a telephone, but it didn't help much. A midnight knock on the door was the usual. And neighbors passed on the word that sickness was present down the road. "Would the doctor please stop to see Mrs. Brown? She's expecting." The railroads were helpful, with their telegraphs and their trains. It was not too unusual for a Traffic Manager in

* Medical Service, Frederick Memorial Hospital.
† Emeritus Staff, Frederick Memorial Hospital.
‡ Obstetrical Service, Frederick Memorial Hospital.



W. Meredith Smith, M.D., Charles H. Conley, M.D. and Bernard O. Thomas, M.D.

Baltimore to be handed a telegram, "Will you please stop Number 6 at the house just beside the Monocacy to transport a sick child to the Hospital?" Number 6 always stopped, and old Captain Brown of the milk train happily chalked up another assist on a mercy run. People were neighbors then. They helped one another bountifully, especially in times of trouble. Stick wagons, carriages, horseback, by sleigh and afoot, the sick were tended. But it was not all grim. A shotgun and bird dog, or a fishing rod carefully concealed in the buggy sometimes made the doctor late for his meals. "Remember my spaniel, Laddy? Best little birddog I ever owned. Always ran ahead of the buggy, and whenever he pointed, I always got a covey shot."

"What about spells and taboos and superstitions?" "Lots of that. Families hired somebody, usually an old woman, to 'try' for a dying marasmic infant. And all infants wore abdominal 'teething bands' of cloth for two years—that prevented convulsions. Hexes among the north county Menonites, evil-eye among the colored people, and just plain spells affected the health and happiness of almost anybody."

"How did your patients receive new types of treatment as they were discovered?" "Many met diphtheria antitoxin with suspicion. One of our group, the very first doctor to use it in this county, says it was a real battle to get parents to let you use it on their children. But they made out, and saved many people." With the clear vision of hind-sight, they saw no serum sickness 50 years ago.

"Epidemics?" "Lots of them—diphtheria, scarlet fever, typhoid and dread summer diarrheas in children. All those were killers. But take pneumonia—you knew you would lose 25% of all cases, so that you had a 75% chance to start. Not so those others. They were treacherous, assassins. They struck hard and savagely, and killed. Now in reconsidering, they weren't really epidemics, just an increase in the usual endemic incidence. There wasn't any polio then, and no one remembers many cases of meningitis. Ease of transportation—that's why we have so much now!"

"How about post-graduate education in those days before World War I? How did you keep up?" "Well, there was the J.A.M.A., and an ambitious fellow bought books, and read them. We could not afford to go away for courses then, and besides, there weren't many being offered. Mostly, you had to go to New York or Boston. If you did that, someone would have taken over your practice by the time you got back. There was a sad lack of good post-graduate educational facilities then. Present day doctors are lucky, they have plenty to choose from."

"What do you all consider the greatest advance that medicine has made in these fifty years?" "Now that's a question!" Time for thought and a bit of rumination. It finally comes out, firmly and positively stated. "We think preventive medicine is the greatest of all; cleaning up, immunizing, and eradicating. And it was made possible by increasing the level of education, of doctors and laymen alike."

"And how about the younger generations of physicians—what do you think of them, in general?" Much hemming and hawing—"They haven't the stamina, but they see as many patients in a day as we used to see in a week. Cir-

cumstances have made the young men what they are—but they know a lot more than we did. These young men—time is of the essence—we had more time to spend with our patients, and we really got to know them. But these young fellows are smart, they're doing a job. And don't forget, when we started, a man's life expectancy was about 46 years. Now it's more than 70. That's a record our doctors have helped to establish.

Old times were mighty good, pleasant and leisurely. These days, though, really aren't too bad. It is a real experience to have been alive—then and now."

And so it went. For several pleasant hours we sat, in turn waxing vehement, a little sentimental, whimsical and many times uproariously funny. "Say Jim, remember in 1906, I was sick and sent that young fellow to deliver Mrs. So-and-so. You had to go there an hour after he left to deliver the twin."

Our group broke up, and to me one thing was certain. Our doctors who have practiced for 50 years or more continue to do so because they love medicine and people. The amount of work they do today is determined more by their physical limitations than by dimming of the spirit.

Professional Building
Frederick, Maryland
(Dr. Conley, Jr. and Dr. Conley)
Frederick, Maryland
(Dr. Smith and Dr. Thomas)

THE HISTORY AND ORGANIZATION OF THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

A. AUSTIN PEARRE, M.D.*

Beginning in 1919, the American College of Surgeons surveyed and graded hospitals in the United States and Canada. Also vitally concerned with improving patient care in hospitals were the American Hospital Association, the American Medical Association, the Canadian Medical Association and the American College of Physicians.

With so many common interests in improving hospital care, these organizations coordinated their efforts by the establishment of the Joint Commission on Accreditation of Hospitals, which came into being on December 15, 1951.

On December 6, 1952, the American College of Surgeons officially conveyed the responsibility of the hospital standardization program to the Joint Commission. The Joint Commission took over the actual survey work from the American College of Surgeons on January 1, 1953.

Initially, the policies and standards of the American College of Surgeons were used by the Joint Commission. Subsequently, certain standards were changed by the Board of Commissioners of the Joint Commission. Especially has the Joint Commission recognized the problems which confront the smaller hospitals in regard to accreditation.

The corporate structure of the Joint Commission on Hospital Accreditation is outlined in figure 1.

The purpose of the Joint Commission on Accreditation of Hospitals, as expressed in their by-laws is:

"a. To conduct an inspection and accreditation program which will encourage physicians

* Medical Service, Frederick Memorial Hospital.

CORPORATE STRUCTURE

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

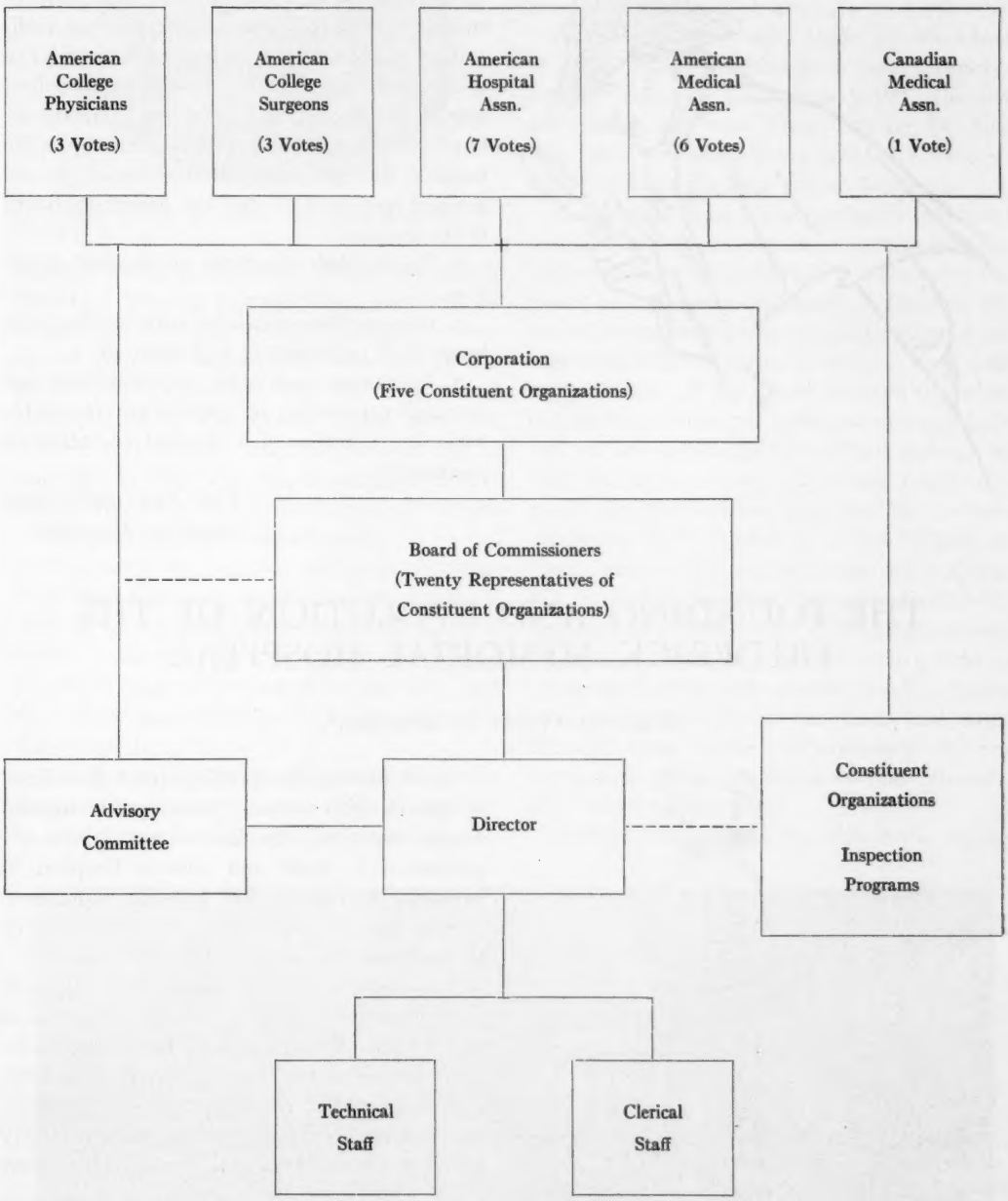


FIGURE 1

and hospitals of the United States and Canada voluntarily:

(1) to apply certain basic principles of organization and administration for efficient care of the patient; (2) to promote high quality of medical and hospital care in all its aspects in order to give patients the greatest benefits that medical science has to offer; and (3) to maintain the essential diagnostic and therapeutic services in the hospital through coordinated effort of the organized medical staff and the governing board of the hospital.

b. To establish standards for hospital operation.

c. To recognize compliance with standards by issuance of certificate of accreditation.

d. To assume such other responsibilities and to conduct such other activities as are compatible with the operation of a hospital accreditation program."

Four East Church Street
Frederick, Maryland

THE FOUNDING AND EVOLUTION OF THE FREDERICK MEMORIAL HOSPITAL

MRS. GRAYSON E. BOWERS*

The Frederick Memorial Hospital dates back to March 1897, when several public-minded women conceived the idea of forming an organization to build and open a Hospital in Frederick to care for the growing population. At that time all operative cases had to be taken to Baltimore for surgery and treatment.

This organization was named The Frederick City Hospital Association. It was composed of a President, Vice President, Recording Secretary, Corresponding Secretary, and Treasurer, and an Executive Committee of five members, and a Board of Managers consisting of thirty members. Mrs. Hammond Urner is the only

* Long-time (30 years) Member, Board of Managers, Frederick Memorial Hospital.

Early picture of Frederick Memorial Hospital

member living at this time. There was also a Board of Trustees having fifteen members, of which none are living. In addition to these mentioned, fourteen women who were not on the Board of Managers were the Patronesses and were elected by the Board. These men and women were selected from all the churches in the town. In 1897, this Association applied for a charter to build and operate a hospital. A Constitution and By-laws were adopted.

Then came five years of strenuous collection from other interested persons and organizations. And to be truthful, persons from all walks of life were solicited. Not one was overlooked and the school children were asked for their mite, and they gladly gave their pennies to have a part in this wonderful project.

Miss Emma Smith, the first president of this Association, gave seven acres of land, opposite to what is now Park Avenue, as a building site. The land at that time was countryside and at first thought too far from the busy life of the town, but soon everyone decided it was an ideal site for quiet and fresh air.

In the next five years, these women raised $8,000.00, which was enough to build a twenty-five bed Hospital, and on May 1, 1902, the first patient was admitted. From then on, the hospital grew and many aches and pains were relieved without the long trip to Baltimore.

There was a good bit of sentiment connected with the task. For instance, according to rules and regulations of by-laws, if a member of the Board of Managers or Board of Trustees absented themselves from six consecutive meetings without good reason or excuse, they were automatically off the Board or asked to resign; but, as far as I can remember, no one was dealt with in this fashion for fear of hurt feelings, so they continued to come when they felt so disposed. Another custom was that the by-laws designated each Thursday of the Month of November to be set aside and regarded as Donation Day. The Board of Managers divided the members into groups who took charge of each Thursday. Those days proved such a help in filling the pantry with canned goods, pickles, jams and preserves, jellies, linens and cash! Through these methods of collecting, the patients were given little delicacies that otherwise they would not have had.

Another rule set forth was that if the regular

Recent picture of Frederick Memorial Hospital

monthly meeting of the Board of Managers fell on the thirteenth of the month, every member present was expected to give from thirteen cents to thirteen dollars. Mrs. L. Victor Baughman, a very loyal and generous member usually gave the maximum. I am sure she would be pleased to know her grand-son, Dr. Charles Conley, Jr., is now an active member of the Staff and her grand-daughter, Mrs. Dan Wight, is a faithful and interested member of the Board of Managers. Quite another custom of interest was that Miss Mary L. Neis, who was superintendent for thirty-four years, always had a yard set apart from the other grounds for her laying hens. Each evening you could see her with her basket on her arm going to gather eggs which were served to the patients for breakfast. A large cherry tree stood on the site where now the North wing has been built. Each year she would have that tree covered with sheets to keep the robins from stealing the delicious fruit she prized so highly for the patients' trays.

Regular monthly meetings were held the second Tuesday of each month by the Board of Managers and is still being done.

Soon the small hospital of twenty-five beds was not adequate to care for the patients and Mrs. Margaret Hood, a member of the Board financed the first Wing. This required more room for additional nurses, and Mrs. Georgianna Houck Simmons, also a member of the Board furnished funds for the Nurses Home. Then more buildings and expansion followed and two more Wings were financed by Mr. and Mrs. Joseph D. Baker and Mr. and Mrs. Charles M. Shank. Another addition to the Nurses Home was completed and became known as the Thomas Brashears Johnson Building. By request of Mr. and Mrs. Baker a section of the new building he financed housed a colored ward, which has been in use ever since. The Hospital was still growing and more rooms were needed for patients and equipment, necessitating a campaign for the remodeling and building of a laundry and power plant.

Later a very generous gift of $100,000.00 was given by the Detrich Brothers in honor of Mr. James H. Gambrill, Jr. A campaign took place along with this wonderful gift which netted the Hospital $600,000.00. As so many gifts were given in memory of loved ones, the name of The Frederick City Hospital was changed to The Frederick Memorial Hospital.

The author of this article was a member of the Board of Managers for thirty years and enjoyed every phase of progress of the Institution.

To the faithful and loyal women who were the nucleus of comfort, care, and relief of the sick I pay my respects and add, "All honor to such noble work for humanity."

Frederick Memorial Hospital
Frederick, Maryland

THE HOSPITAL ADMINISTRATOR IN ACCREDITATION

ETHEL NORTHAM, R.N.*

The role of the hospital administrator in accreditation is a little difficult to define, for in this, as in all other activities of the hospital, the administrator must get the interest, enthusiasm, and cooperation of the entire personnel and then co-ordinate their activities.

The preparation for accreditation was roughly divided into two stages; first, the period of several months before the announcement of the pro-

* Director, Frederick Memorial Hospital.

posed visit of the field representative and next, the few weeks which intervened between the time that date was set and the actual visit of the surveyor. Since the inception of the concept of accreditation, we tried to keep before us the purposes and requirements to be met. With the recent survey impending, the administrator held numerous conferences with department heads. A thorough study was made of all departments in order to stimulate self-analysis, and determine the needs both as to equipment and personnel, and to institute better and more efficient methods of work. Much attention was focused on safety, both to patients and personnel, and emphasis was placed upon fire prevention, the use of fire fighting equipment and upon fire drills.

Meanwhile the committees which had been functioning were stimulated to greater activity and others were formed, some within the departments and others made up of representatives from several departments depending upon the purposes of the committees.

We were fortunate in having a physical plant that was in good condition for we had just completed a building and renovating program that expanded our laboratories, x-ray department and operating rooms and gave us a fine, modern, obstetrical department.

Most of all, we were fortunate in having a medical staff which immediately accepted the challenge and, even before the "Standards of Hospital Accreditation" had been published, set itself to the task of complete re-organization and of thorough revision of the by-laws. To these ends our staff members worked long and late over a period of several months until they reached their objective.

At the same time the Board of Managers and Trustees set themselves to the task of reorganization and of revision of their constitution and by-laws.

When we received the announcement of the forthcoming visit of the field representative of the Joint Commission we marshalled all our forces, so to speak; Board, Medical Staff, and Hospital Personnel cooperated to the fullest. For instance, the Annual Report had gone to the printer, and under normal circumstances, would not have been returned for several weeks. But the chairman of this committee made certain it was completed before the proposed date. Likewise, the local fire marshall was requested to give our buildings a current inspection and to give us a prompt report. The inspection was made and the report was in our files.

Our records department, always eager to do a good job, worked diligently to have the records in the best possible condition and at the same time supplied much of the required statistical data.

On the appointed day, both the Chief of Staff and the President of the Board were at the hospital and spent the entire day with the surveyor and the administrator, both to supply any additional information that was needed and to learn first hand about our weaknesses.

When several weeks later, we received notification of Full Accreditation, we were overjoyed but not complacent, for we knew there were many weak places to be strengthened and we set ourselves diligently to this task.

As I look back upon this experience I know that for the administrator, at least, it was a rich and rewarding one. First, because we accomplished our main objective of providing better care for patients and secondly, because of the personal satisfaction achieved in working with all groups toward a common goal.

Frederick Memorial Hospital
Frederick, Maryland

MECHANISM OF HOSPITAL ACCREDITATION

ROBERT J. FURIE, M.D.*

All hospitals are obligated to provide the community it serves with the safest and most efficient type of care. In isolated instances, "self-inspection" and criticism might attain this goal. But the proximity of the problems, human weaknesses, and the lack of standards for a guide create a need for a respected and centralized appraising organization.

The need for such a yardstick has resulted in the establishment of a Joint Commission of Accreditation of Hospitals. This organization employs a method of evaluating hospitals by assigning mathematical values to the various facets of hospital organization and operation.

Basically, there are two main categories:

I. Essential Divisions (with maximum point attainment of 640)
II. Complementary and Service Divisions (with maximum point attainment of 360)

The difference is that Essential Divisions are required standards which must be maintained by all hospitals and are a prerequisite to accreditation; while Complementary and Service Divisions are contingent standards which depend on the size, type and scope of services provided by an individual hospital, but are not absolute prerequisites for accreditation.

The eligibility requirements for a survey by the Joint Commission are: 1) the hospital must be listed in the Administrator's Guide issue published by the American Hospital Association, 2) have at least twenty-five beds, and 3) have been in operation for at least twelve months.

The actual survey is conducted by an individual assigned from the staff of field representatives of the Joint Commission on Accreditation of Hospitals. The field representative, by appointment, conducts an on-the-scene evaluation of the many component parts of the hospital. Based on his impressions, he assigns a mathematical point value to each item inspected. Since all elements of hospital operation are not assigned equal point values, it is of practical value to learn the points of maximum importance (and of proportionately higher point values) so that these items may be given priority in the institution's drive to gain or maintain accreditation.

In the Essential Divisions group the following is a summary:

1. Physical Plant (20 points maximum)
   (Construction 3, fire precautions 6, cleanliness 3, sanitation and maintenance 3, segregation by services, isolation 5)
2. Administration (35 points maximum)
   (Governing board 10, hospital atmosphere 5, administrator 10, attendance at educational meetings 5, bed space adequacy 5)
3. Medical Staff Organization (200 points maximum)
   (Staff organization 15, by-laws and rules and regulations 10, staff membership applications 20, graduates of approved medical schools only 15, staff appointments 5, definition of staff duties and privileges 5, departmentalization of staff 10, death rate 10, clinical work reviews and analyses 40, staff meeting content, committee activities and minutes 50,

* Pathologist, Frederick Memorial Hospital.

liaison with governing board 5, interns and residents 10, medical reference library 5)

4. Medical Record Department (125 points maximum)
   (Contents of medical records 75, record room personnel 10, medical records of physicians only 5, prompt admission write-ups 5, record committee 7, signatures on records 5, filing and indexing 10, nomenclature 5, group studies of records 3)
5. Clinical Laboratory (95 points maximum)
   (Ownership, operation and location 6, diversity of tests 9, blood bank 2, pathologist 10, technicians 10, tissue examinations 20, reports, files and indices 5, routine admission examinations 10, autopsy rate 20)
6. X-Ray Department (50 points maximum)
   (Location, management, facilities, safety 22, radiologist 10, reports, filing, indexing 10, technicians 5, work summaries 2, and routine admission x-rays 1)
7. Nursing Service (90 points maximum)
   (Personnel 65, ward supervision by registered nurse 10, regular nursing conferences 10, school of nursing 5)
8. Dietary Department (25 points maximum)
   (Personnel 15, equipment and records 10)

Thus a perfect score under the Essential Divisions survey would total 640 points.

The Complementary and Service Divisions, the contingent standards, are likewise assigned point values and follows:

1. Medical Department (50 points maximum)
   (Qualified medical staff 15, division of medical department into sub-specialty services 10, records which justify diagnoses and treatments 15, consultations 5, electrocardiography 5)
2. Surgical Department (100 points maximum)
   (Qualified surgical staff 15, division of surgical department into sub-specialty services 10, operating room facilities 10, methods of preventing unnecessary and incompetent surgery 20, qualified medical assistants at surgery 10, sterilization of supplies 5, records which justify diagnoses and treatments 10, reports to administrator of infections in clean surgical cases 5, rate of postoperative death rate 5)
3. Obstetrical Department (75 points maximum)
   (Qualified obstetrical staff 15, facilities 5, nursing personnel 4, records 15, newborn care 2, meetings 7, Standards of American Committee on Maternal Welfare followed 2, nursing technique 4, Cesarean Section, maternal mortality and infant mortality rates 15, consultations 6)
4. Anesthesia Department (40 points maximum)
   (Organization and personnel 10, anesthetic agents used 5, preanesthetic standards 10, post-anesthetic follow-up 5, recovery room 5, fire and explosion safe-guards 5)
5. Physical Medicine (35 points maximum)
   Physical Therapy (Personnel location 13, equipment 3, administration and records 4 = 20)
   Occupational Therapy (Location, personnel 4, therapies, administration and records 6 = 10)
   Rehabilitation (Provision for such service 5)
6. Pharmacy (20 points maximum)
   (Location, stock, personnel, equipment 10, narcotic control 2, Pharmacy committee and formulary 4, accepted drugs only 4)
7. Outpatient Department (20 points maximum)
   (Facilities, departmentalization, supervision and services 10, records and personnel 10)

8. Medical Social Service Department (20 points maximum)
   (Location, personnel 6, investigations 8, records 2, relationships with Staff 4)

Thus, addition of the 360 points attainable under the Complementary and Service Divisions to the previously outlined 640 points of the Essential Divisions makes possible a maximum grand total of 1,000 points.

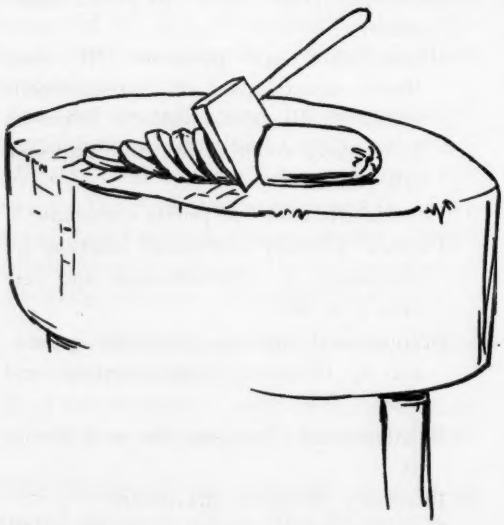
After totalling the points attained by any hospital under survey, the field representative may deduct a penalty deduction on an over-all basis should he deem it warranted. The subtraction of this deduction from the point total would represent the score attained by the hospital.

In converting the mathematical score to terms of approval or non-approval, the following ranges of score are used. Attainment of 75 to 100% is full approval. From 60% to 74% is provisional approval and below 60% is non-approval.

Frederick Memorial Hospital
Frederick, Maryland

DEVELOPMENT OF THE MEDICAL STAFF OF THE FREDERICK MEMORIAL HOSPITAL

FRANK D. WORTHINGTON, M.D.*



The development of the Medical Staff of the Frederick Memorial Hospital into an integrated, sectional organization is the natural conclusion to the progress of time and the changes which have taken place in the whole field of medicine during the last fifty years.

* Chief, Surgical Service, Frederick Memorial Hospital.

Organized and built as a small unit by a group of far-sighted and public spirited ladies, this hospital in its early days was largely surgical in character and quite naturally the dominant and influential members of the Staff were surgeons. From its inception, however, the hospital was conducted as an "open" one and privileges for use of its services were offered to any physicians in the vicinity who submitted credentials of license and good character. These physicians not only resided in Frederick County but also in adjoining counties. In these early days the Staff was roughly divided into an Active Group and a so-called Courtesy Group, with the distinction between the two being marked by some unusual service to the hospital on the part of the Active Members, who had a loose, rather unofficial link with the Administration.

Some small structural additions were made to the hospital as needed until 1930 when two large modern buildings were erected. This era has further significance in that medical education had made much progress and the inclination developed for young physicians to seek cities and larger towns, rather than rural communities.

These well trained young physicians had been accustomed also to using hospital facilities in their practice and constantly sought better equipment, laboratories, etc. During the next fifteen years there was a gradual growth in all departments of the hospital, with medical cases balancing the surgical ones and with the obstetrical occupancy increasing by leaps and bounds. During that period the Staff was conducted in such a way as to meet the standards for accreditation required by the American College of Surgeons. At the same time surgeons, medical men and specialists in other lines attained equal influence on the Staff and a very much closer alliance was made with the Administration.

Immediately after the last war, a large expansion of space was needed. Following receipt of one large donation of one hundred thousand dollars, a public campaign for raising funds was carried on with gratifying success. The hospital was able to not only materially add to its bed capacity but also greatly expand facilities such as a laboratory and x-ray. The result was a one hundred and sixty bed hospital with thirty-five bassinets and most of the other features necessary for the practice of modern medicine.

At the completion of the war, young physicians who had been in the Service returned, bringing many new ideas with them. Within a short time a full-time pathologist and Director of Laboratories had been added to the Staff and a trained roentgenologist had taken over the X-Ray Department.

During the last five years there has been a steady increase of young, excellently trained physicians representing several branches of the profession such as: surgery, urology, pediatrics, medicine, and obstetrics. These young men have all submitted credentials as to capability, training and character. The policy of the hospital has been to encourage participation in its activities, with advancement in the Staff status as it is merited by them.

This large increase in representation of medical specialties and somewhat separate interests made division of the Staff into departments not only desirable but almost mandatory for administrative purposes and initiated the adoption of our departmental plan three years ago. Since the general practitioner has usually included obstetrics and minor surgery in his practice we found that quite a few of our practitioners desired to be members of two divisions and this concession was originally made in the interest of harmony. In dividing the Staff into sections or departments, all specialties were established as equal independent units, even though some were represented by one member only. This was done with the anticipation that growth in members was the expected course of events, and that cleavage from a larger group had best be immediate. For purposes of coordination and convenience, however, all of the specialties allied to surgery have met with the General Surgical Staff.

The Staff officers have consisted of a Chairman, Vice-chairman and Secretary. To avoid the dangers so often encountered in long tenure of office, it was stipulated that the Chairman be elected each year and might serve only two consecutive terms. Rotation in office as Chiefs of Departments was also encouraged although not obligatory. An Executive Committee consisting of the Chairman of the Staff and Chiefs of each department was constituted to transact most routine business of the Staff and to act as a coordinating body for the various departments. The Chairman had appointive powers for various committees while some more important ones such as a Credential Committee, Records and Tissue Committee, were automatically filled by chiefs of selected departments. Members of a Joint Advisory and Library Committee was elected by the membership of the Staff as a whole.

The Staff held monthly meetings at which time the program was about evenly divided between business matters and clinical subjects. There were two general classifications of the

Staff consisting of the Active Group and the General Group. Attendance at meetings of the Active Staff was compulsory but optional for others.

This arrangement worked advantageously, but after a year's study of recommendations of the Accreditation Board, their outline and requirements were adopted and are at present in force at our hospital. The changes necessary in our previous plan eliminated the allowance of members having voting power in two divisions but did permit Associate Membership in a second classification. Also the Staff as a whole has been broken down into several groups, namely; Honorary, Active Staff, Associate Staff, Courtesy Staff and Consulting Staff. The governing body is the Active Staff; and the Associate Staff is made up of those physicians who are serving a probational period for membership in the Active Staff. Both groups must attend meetings and the membership is characterized by expressed willingness to perform service for the hospital. Examples are service in the Emergency Room, assistance with the Blood Bank, teaching in Nurse's Training School, caring for Welfare Cases, medical, surgical and obstetrical.

In summary it might be said that the present organization of our Staff entails a considerable increase in hours spent at meetings, paper work and detail and that these factors are increased by the absence of any House Staff. After a hospital reaches a size in excess of a hundred and fifty beds, division of the Staff into Departments is very beneficial. Not only are the tasks multiplied but the division of responsibility and power encourages interest in all individuals and thereby benefits the entire hospital. It may take a while to properly coordinate efforts, avoid confusion and proceed through channels but the end result is a more smoothly running organization with many more individuals interested and active.

Professional Building
Frederick, Maryland

MANAGEMENT IN HOSPITAL ACCREDITATION

MRS. PAUL S. MICHAEL*

Management's role in hospital accreditation is largely the coordination of the work of the people in all departments. This includes the Medical Staff, the Administrative Staff, the Nursing Service, and each of the individual departments. Management must assume the responsibility of supplying qualified personnel, equipment and finances to meet the necessary requirements. Through the administrator, it must work with all concerned and be sympathetic to the problems to be resolved.

Frederick Memorial Hospital is in the position of being a rural hospital in close proximity to Baltimore and Washington, and therefore, is constantly compared with the metropolitan hospital. Management's role is more difficult in the rural hospital where endowment funds are comparatively small and cannot be counted on for any appreciable financial assistance. It is unquestionably the aim of the Medical Staff, the Administrative Staff and the Governing Body of the Frederick Memorial Hospital to supply the best care possible for patients, within limits of economic resources. The responsibility for providing such a level of care resides with the Board of Managers.

To the members of the Board of Managers of the hospital, accreditation gives assurance that

* President, Board of Managers, Frederick Memorial Hospital.

the responsibility entrusted to them by the community is being carried out in a proper manner; and that funds provided for the operation of the hospital are being used to the best advantage. It gives the Board of Managers the satisfaction of knowing the trust and responsibility vested in them is administered efficiently and economically.

From the Board of Managers' viewpoint accreditation was the result of raising the quality of patient care and the level of departmental functioning. During the effort toward accreditation, the relationship of the total hospital group —the physician, the trustee, and the administration—has moved and remained closer together.

Full accreditation as given the Frederick Memorial Hospital does not mean perfection has been attained by any means. It is a challenge to maintain this accreditation and to continually improve and work toward the summit of high standards set forth by the Joint Commission of Accreditation. The benefit of having weaknesses stressed and strength praised by this commission does much to build for a better and finer hospital. To maintain and improve that level of accreditation is the role of the Board of Managers.

Frederick Memorial Hospital
Frederick, Maryland

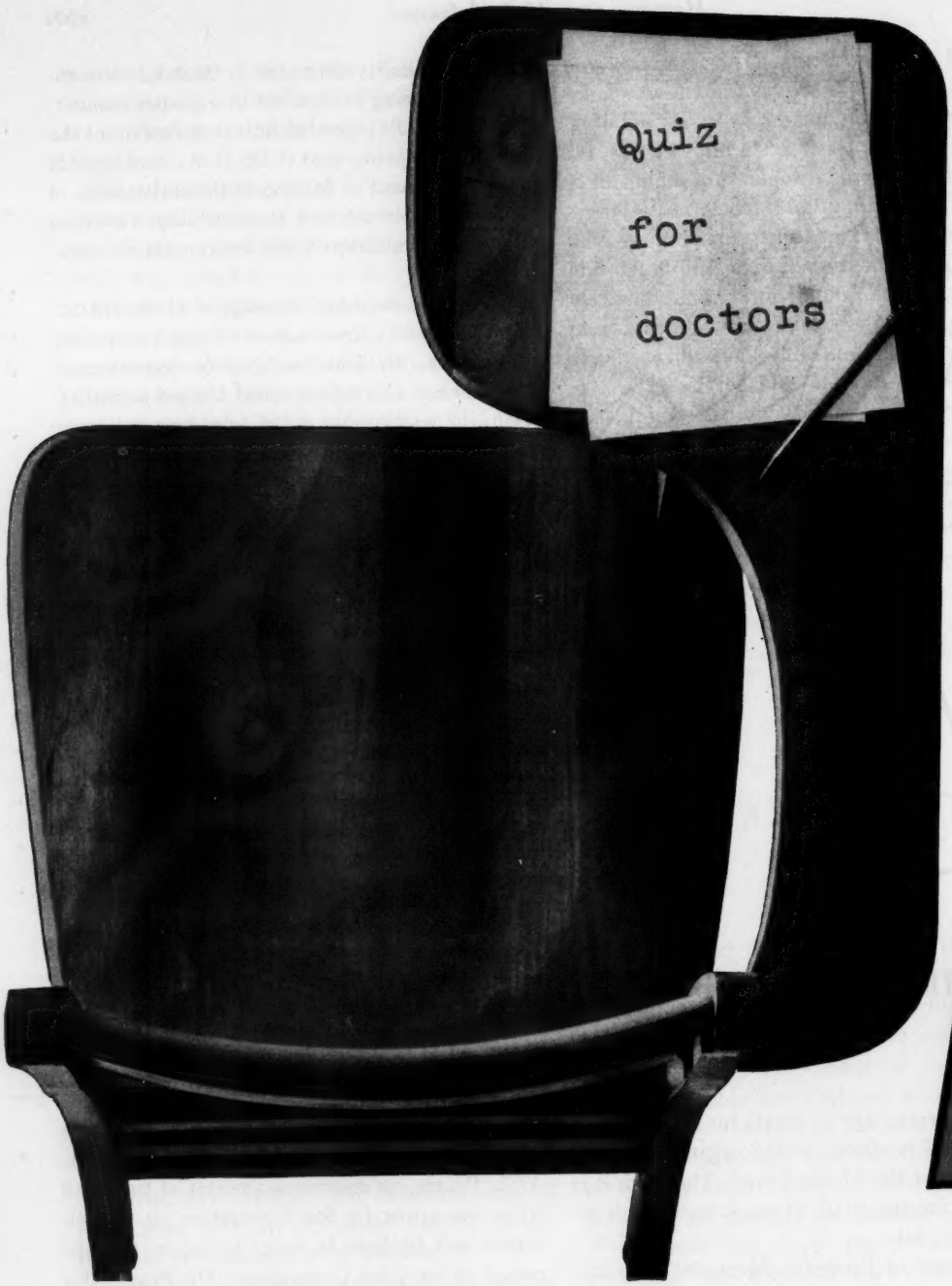
CHIEF OF STAFF AND EXECUTIVE COMMITTEE

BYRON D. WHITE, M.D.*

A large percentage of points for accreditation of a hospital is alloted to the organization and functioning of the Medical Staff. Therefore it is necessary for the Staff to work well in all its component parts.

In the case of Frederick Memorial Hospital, the Staff was in the process of forming a new set of by-laws, rules and regulations at the time that the Joint Commission for Accreditation was being formed. Led by the then Chief of Staff, Dr. A. A. Pearre, an enormous amount of time and work was spent by the Committee on Constitution and By-laws in order to secure the approval of the Joint Commission. Dr. Pearre also spent a great deal of time and energy in organizing the staff, appointing essential committees, and obtaining the full cooperation of the mem-

* Chief of Staff, Frederick Memorial Hospital.


Quiz
for
doctors

(you probably know every answer!)

Q. Which is today's most widely prescribed broad-spectrum antibiotic?

A. ACHROMYCIN — it's first by many thousands of prescriptions.

Q. What are some of the advantages of ACHROMYCIN?

A. Wide spectrum of effectiveness.
Rapid diffusion and penetration.
Negligible side effects.

Q. Exactly how broad is the spectrum of ACHROMYCIN?

A. It has proved effective against a wide variety of infections, caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa.

Q. In what way are ACHROMYCIN Capsules advantageous?

A. For rapid and complete absorption they are dry-filled, sealed capsules (a Lederle exclusive!) No oils, no paste...tamperproof.

Q. Who makes ACHROMYCIN?

A. It is produced — every gram — under rigid quality control in Lederle's own laboratories and is available only under the Lederle label.

CHROMYCIN*

Hydrochloride
Tetracycline HCl Lederle

Lederle

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

bers. He was the focal point for all reports. Only by his patience, guidance and knowledge of his co-workers, was he able to accomplish so much.

Through the Executive Committee great progress was made in controlling the workings of all the various other committees. Composed of the Chairman of the various Departments of the Staff, and headed by the Chief of Staff, it is the ruling Committee of the Staff. Details of departmental work are thrashed out in the various departments which report to the Executive Committee monthly. Thus a check is kept on the functioning of all the departments and committees. Criticisms and suggestions are carried back to the various departments by their chairman and mistakes are rectified and improvements adopted quickly.

The Committees other than the Executive Committee, as set up by the new by-laws or appointed by the Chief of Staff, are:

1. The Credentials Committee—which passes on the applications for membership to the staff, as well as any formal complaint against a staff member. Each applicant must make written application, giving his credentials. He or she must be a graduate of an approved medical school, a licensee of this State, a member of or eligible for, The Frederick County Medical Society and uphold the principles of ethical financial relations in the the care of patients.

2. The Joint Advisory Committee—which meets with members of the Board of Managers, the Board of Trustees, and the Director once monthly to discuss problems and points of mutual interest.

3. The Library Committee—which maintains an organized medical library of current periodicals and reference texts.

4. The Records Committee—which directly controls the examination of all records as to quality and content.

5. The Program Committee—which sets up the clinical program for the monthly staff meetings.

6. The Tissue Committee—which correlates the clinical and pathological diagnoses of all operations. All tissues removed at operation are required to be sent to the laboratory for diagnosis by our full time certified pathologist.

7. Laboratory and X-Ray Committee—which in conjunction with the pathologist and radiologist, both full time, sets up the governing rules of these departments.

8. Pharmacy Committee—which, with the aid of a full time pharmacist, keeps the pharmacy so stocked as to give quick service for any required drug and also keep adequate supplies for emergency treatment on the floors.

9. By-laws Committee—which did yeoman service in the formulation of the new by-laws, which were approved by the Joint Commission of Accreditation of Hospitals.

10. Anesthesia Committee—which passes on the policies and rules for the division of anesthesiology which contains two registered, full time anesthetists.

11. Emergency Room Committee—which is the advisory body for policies, coverage and equipment of the Emergency Department.

In addition to these Committees there are the several departments of the staff, which meet monthly to discuss clinical problems as well as policies.

Reports of the various Committees and Departments are discussed at the monthly meetings

of the Executive Committee and such matters as are necessary are carried over to the monthly Staff Meetings.

Through the able operation of the Executive Committee most of the time alloted to the General Staff meeting is available for clinical discussion of cases. The full report of statistical records is analyzed each month.

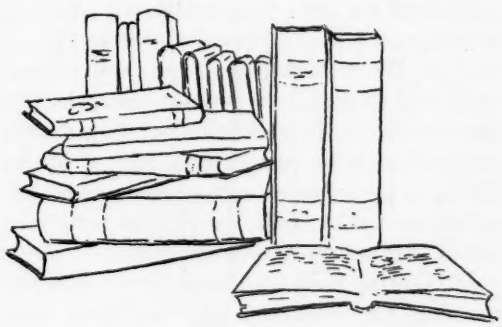
Frederick Memorial Hospital was given full accreditation. The whole Staff is alerted constantly by the Chief of Staff and the Executive Committee to continually improve conditions in each department for the benefit of the patients and the hospital. The entire Staff has constantly shown interest and cooperation in this improvement program. An illustration of this spirit of cooperation was the large attendance at a special five-hour meeting for consideration of the proposed by-laws.

With such cooperation of the Medical Staff with the Chief of Staff and Executive Committee, future accreditation should be assured.

35 East Church Street
Frederick, Maryland

LIBRARY COMMITTEE

ROBERT J. FURIE, M.D.*



The establishment and development of our hospital medical library has been a stimulating challenge. The first compelling urge of the committee was inclined toward a summary and rapid attainment of physical goals: assignment of adequate hospital space, the retaining of specialized library personnel, the purchase of numerous texts, references and journals, the creation of an adornment.

After careful exploration of the problem, the committee was convinced that a far more rewarding approach was to excite the entire staff's interest in the establishment, growth and use of the library. To this end, the decision was rendered to build this vital hospital asset slowly, stimulating the staff by requesting their suggestions for new periodicals, new volumes, new ideas. Book exhibits, journal clubs, requests for advice, contributions of printed material and financial resources result in staff participation.

Thus the program of the Library Committee is long-ranged and multi-faceted. Education of the Staff in more frequent use of the library, expansion of the facilities, increased acquisitions project the plans and activities of the committee far into the future.

It is with no timidity or apology that we individualize our own problems and proceed doggedly toward our goal, from our modest beginning. In a small room; with already shrinking shelf-space; with twelve periodical subscriptions, several systems of medicine, obstetrics and gynecology, pediatrics; a basic representation of durable volumes for reference; and Index Medicus; with a staff member as acting librarian; with all these limitations we have our sights clearly focused on our goal. And the facility we shall have created will be durable, progressive and used.

Frederick Memorial Hospital
Frederick, Maryland

* Pathologist, Frederick Memorial Hospital.

MEDICAL RECORDS COMMITTEE

ROBERT J. FURIE, M.D.*

The validity of the emphasis on medical records of quality is so strong as to refute contention. Nevertheless, smaller hospitals are faced with a particularly trying situation in attaining this goal.

Major among the problems faced are: the scarcity of trained record room personnel; long-established habits of procrastination and careless record-writing; antiquated forms; immediate and inescapable responsibility of the attending physician in the absence of a house staff; unfamiliarity of older physicians with current record standards. All the enumerated problems face or have faced us.

The procurement of qualified record room personnel has been achieved by on-the-job training of a person who has since attained registration. Similarly, her assistants are on-the-job trained. Standard medical record room procedure is followed.

The problem of medical record quality was brought before the entire staff on many occasions for lengthy and rewarding discussions. These led to the promulgation of basic and reasonable rules for the execution of records, time limits for completion, and penalties for delinquency. The net effect of this approach has been individual acceptance of a share of responsibility in this important partnership.

Providing the record forms which suit our needs best has been most stimulating. A study of forms used in other hospitals did not prove fruitful. We embarked on a program of self-study and production of forms, passing through many revisions. From solicitation of opinion in conjunction with committee study, a strong feeling of participation and cooperation has resulted. As a basic tenet, we feel that no form is sacred and are ready to incorporate new ideas.

In checking completed medical records prior to filing, the committee has conducted itself more in the nature of a guiding group rather than solely as a police body. Unacceptable records are discussed individually with the staff members and recommendations made. Resolution of these situations has been pleasantly and effectively accomplished.

Our ultimate goal is not yet in sight. And the Medical Records Committee looks forward to spirited activity and achievement. But the staff recognizes the validity of the objective; and the committee perceives and sympathizes with the staff's problems. Our solution lies in a reconciliation of these.

Frederick Memorial Hospital
Frederick, Maryland

* Pathologist, Frederick Memorial Hospital.

PROGRAM COMMITTEE

ROBERT J. FURIE, M.D.*

For many years, the sole program conducted by the staff was a review of the deaths at the monthly meeting; a monotonous and unrewarding recitation.

With the reorganization of the by-laws and with the increase in post-mortem examinations, this program underwent a slight metamorphosis. The deaths continued to be the subject of the professional segment of the monthly staff meeting, now more critically analyzed, however.

The latest stage in the development of programs, as worked out by this committee, has been a complete revision of the format.

Deaths are reviewed routinely by the Medical Records Committee in the course of their routine meetings. Selected cases from this group are scheduled for the Staff Meetings while others are channeled to the individual department meetings for discussion. The Program Committee maintains an alert eye for the current problem cases still in the hospital and assigns these for the staff or departmental meetings. In addition, interesting cases encountered in the course of screening records are scheduled for follow-up reports by the attending physicians. Notice is given to the physicians whose cases are to be presented and their contributions at the time of the meeting reflect the time provided for preparation.

A monthly Clinico-Pathological Conference is programmed where a problem case is presented in advance through mimeographed protocols. This case is actively discussed by general participation of the group in attendance.

Of no small help has been the appointment of the Medical Records Committee to serve as Program Committee. No group is better aware of the cases available or in need of discussion; a fact which has made the research of the Program Committee infinitely easier.

Careful minutes are maintained to document the proceedings of all meetings. By comparison from time to time, we are kept appraised of our progress.

Frederick Memorial Hospital
Frederick, Maryland

* Pathologist, Frederick Memorial Hospital.

THE PUBLIC RELATIONS COMMITTEE

JAMES E. STONER, M.D.*

The Public Relations Committee is concerned primarily with selling the public the idea that Frederick Memorial Hospital, while a privately administered institution, is in reality a community enterprise, dependent upon the residents of Frederick City and County for its continued ability to render service. We would attempt to dispell the misapprehension that the hospital is merely a "Doctor's Workshop," in existence for the physicians convenience.

That the local people are aware of their responsibility to their hospital was shown in 1951 when a $600,000.00 fund-raising campaign for remodeling and new construction was successfully completed. This building program gave the hospital the facilities necessary for the expansion of s services and for the establishment of new departments.

The staff became increasingly aware of the importance of disseminating to the public information about expanded hospital facilities. With the inflated cost of medical care it was imperative to inform the public why hospital costs, with resultant higher patient's bills, continued to spiral upward. The Public Relations Committee attempted through the local newspaper to provide this information.

A new organization, The Woman's Auxiliary, formed in 1952, and composed of many active working members helped immeasurably in our cause. These public-spirited women spend many hours assisting in the hospital and in so doing gain first hand knowledge of the problems of a community hospital. This organization through its annual fund-raising project, the "Snow Ball," has furnished material for good publicity.

Among the more pressing problems the Public Relations Committee faces is our relation to the press. Realizing that favorable newspaper publicity is important, we furnish the local newspaper with daily information of hospital activities. Paid advertising which has served other medical groups has been considered by the staff.

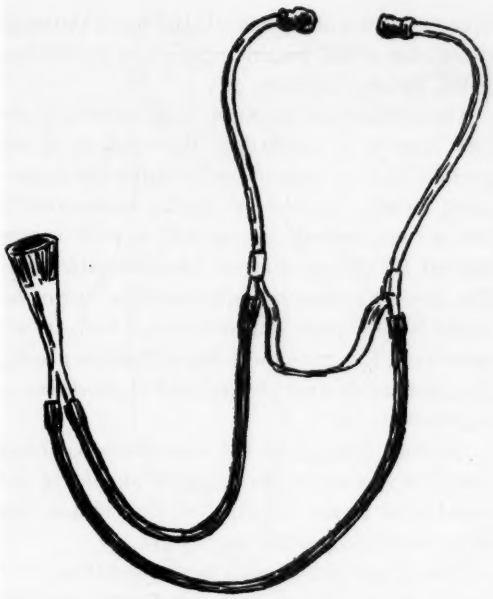
Three other problems under consideration by this and the Public Relations Committee of the Frederick County Medical Society include: (1) the setting up of a physicians exchange; (2) the establishment of a Grievance Committee, and (3) the desirability of a Speakers Bureau.

* Medical Service, Frederick Memorial Hospital.

Walkersville, Maryland

MEDICAL DEPARTMENT

BERNARD O. THOMAS, JR., M.D.*



The necessity of, or the importance of a Medical Department in any hospital, large or small, is self-evident. Yet in the soul-searching that goes with presenting one's hospital for accreditation, we have found a past that was lacking a Medical Department. Medical patients were cared for without the supervision of a medical department. Our staff was not broken down into departments. Ten years ago our hospital was without a Department of Pathology, without a blood bank, without a staff interest in education, and with only a rudimentary laboratory, pharmacy, diet service, and record department. Each physician took care of his own patients and no one did or could know if that care was excellent, mediocre, or negligent.

Within a period of three years, by the grace of the fermentive action of our full time pathologist and of the threat of becoming a "Non-Accredited Hospital," we have been able to organize a Medical Department. Members of the General Staff who are confining their work to internal medicine, and general practitioners who are interested primarily in medicine, have joined together as the Medical Department. Our first job was to bring the ancillary departments up to modern standards. Our pathologist has improved and augmented our laboratory, blood and plasma bank. A well trained pharmacist has brought the pharmacy up to date. A Medical Record Committee has maintained vigilance over our charts with resultant great improvement.

The most important change has been educational. We now have monthly meetings of the Medical Department devoted mostly to clinical correlative reviews and postgraduate education. With an autopsy service available, our pathologist has initiated a monthly clinico-pathologic conference. Our staff has become keenly aware of *one* quality of medical practice.

Accreditation of a hospital does not stop with the present. It is concerned about the years to come. What course has the Medical Service plotted for the future? We feel that we have just started, in comparison to what our potential may yield. We hope to further our medical educational efforts. A course in the basic sciences will be offered soon. We hope all of the department will adopt good record habits. We are helping in the planning of the physical growth of the hospital. At present we have envisioned a department of Physical Medicine. We hope the next step in construction will segregate medical and surgical patients. Our hospital has a large enough patient load to have need for a Social Service Department. We trust the initial spirit of enthusiasm of our staff will not burn out, but will continue to flame brightly.

Professional Building
Frederick, Maryland

* Chief, Medical Service, Frederick Memorial Hospital.

ANESTHESIA COMMITTEE

J. ELMER HARP, M.D.*

Until eight years ago, all anesthetics in our hospital were given by general practitioners, using drop ether or nitrous oxide. Since 1948, two extensively trained nurse anesthetists were obtained whose wide experience and thorough training in anesthesia, together with the modernization of equipment and agents, resulted in better anesthesia.

Also in the past there were too few medical consultations and pre-operative work-ups. This has been corrected to a marked degree. In past years, the pre-operative medications were too diversified, some inadequate, others improperly timed. At present the anesthetist has a thorough knowledge of the patient relative to circulation, blood, kidney function, etc.

The incidence of patients admitted shortly before surgery is decreasing. We think it is important that the patient receive adequate adjustment to hospital life. Of similar importance is the get-acquainted, pre-operative visit to the patient by the anesthetist, who can often allay the patient's natural apprehension, gain his confidence, explain the anesthetic and answer questions. The cries and fears of children are less frequent today since the method of anesthesia is explained to them.

Another thought of the committee regarding emergency cases is that surgery should be delayed after recent ingestion of food unless such delay would jeopardize the patient.

The danger of explosion in the operating room was slight prior to present closed methods, since inflammable agents were administered openly and mixed with air. Since the introduction of closed technique proper conductive and spark-proof flooring has been laid and explosion-proof switches have been installed, thus eliminating this danger to a marked degree.

Properly maintained anesthesia records are insisted upon. We look forward to the establishment of a properly equipped post-operative recovery room, staffed with trained personnel.

Our ultimate dream is a full-time anesthesiologist to head our department.

Middletown, Maryland

* Medical Service, Frederick Memorial Hospital.

TISSUE COMMITTEE

ROBERT J. FURIE, M.D.*

Of relatively recent vintage in the concept of self-analysis by hospital staffs, the Tissue Committee of this hospital was established eighteen months ago. The committee is composed of five members of the staff, one each being the chairman of the four major clinical departments and the pathologist.

Meeting once monthly, the group concerns itself with a study of all surgical cases in the hospital practice which have been discharged during the preceding month. The committee analyzes these cases, to screen unnecessary and unjustified surgery.

The list of surgical procedures is maintained in a log book by hospital number, name of surgeon, pre-operative diagnosis, post-operative diagnosis, tissue removed, pathological diagnosis and whether the procedure is elective or emergency. Critically examining this log book and studying the clinical records, the committee renders opinions as to the agreement of pre-operative and post-operative diagnoses and the necessity and justification of the surgery performed. Other pertinent comments are recorded. Minutes are maintained and recommendations are transmitted to the Executive Staff if such action is warranted.

The Tissue Committee also maintains statistical records of analyses carried on continually which include percentage of normal tissue removal and tabulations of normal organs removed, classified by organ and by surgeon.

Frederick Memorial Hospital
Frederick, Maryland

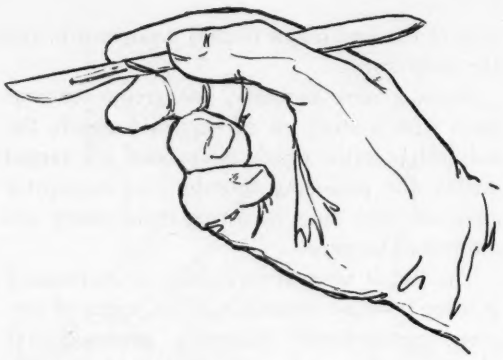
* Pathologist, Frederick Memorial Hospital.

VIRGINIA SOCIETY SPONSORING CONVENTION CRUISE

The Virginia Society of Ophthalmology and Otolaryngology is sponsoring a convention cruise to Havana and Nassau on May 26 to June 2, 1956. Sailing from and returning to Norfolk, Virginia, the "Queen of Bermuda" will act as the hotel for the trip. Fare for seven days, $165.00 and up per person. Make reservations with United States Travel Agency, Inc., Washington, D.C.

SURGICAL DEPARTMENT

FRANK D. WORTHINGTON, M.D.*



The Surgical Department of the hospital takes an active role in the promulgation and maintenance of high standards. Attention is given to the establishment of written qualifications for membership in the Surgical Department. The physical facilities and equipment are studied from time to time to achieve maximum efficiency and safety.

Through close liaison with the Medical Records and Tissue Committees, the Surgical Department is constantly aware of the quality of the surgery performed. Routine gross and microscopic tissue examinations, restrictions of privileges to qualified surgeons and periodic review of surgical records provide the foundation for the prevention of unnecessary or incompetent surgery.

The sterility of surgical supplies is checked by routine use of fusion tubes and the autoclaves are tested with bacteriological cultures at least once a month. Post-operative infections are recorded and reported.

The monthly meeting of our department is divided into a business session and a clinical correlation program during which a timely surgical topic is presented and discussed. The discussion revolves about cases of this type, recently treated in this hospital.

The provision by the Surgical Department for continuous Emergency Room coverage and for the treatment of indigent patients has been rewarding and gratifying achievement.

Our immediate project is the creation of a post-operative recovery room.

We are convinced that neither management nor administration can bring about a first-rate Surgical Department in the face of an inert or disinterested staff. It is our experience that, through the selfless cooperation of the entire surgical staff, success is assured.

Professional Building
Frederick, Maryland

* Chief, Surgical Service, Frederick Memorial Hospital.

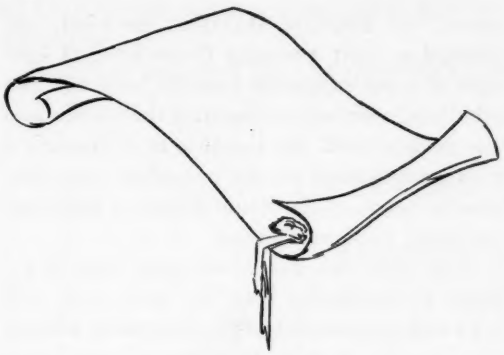
LABORATORY RESEARCH FACILITIES

The AMA Special Report, No. 84-14

The Senate passed with only minor debate a 3-year program of $90 million in grants to schools of medicine, dentistry and osteopathy and to hospitals for constructing research and lab facilities for study of certain specific diseases, such as cancer. The federal share for any project could range up to 50%. On adjournment the measure was before the House Interstate and Foreign Commerce Committee. The AMA opposes the bill because (1) it has not been demonstrated that construction alone will materially improve research, (2) it leaves states and local communities no voice in planning an integrated system.

BY-LAWS COMMITTEE

BERNARD O. THOMAS, M.D.*



Our Hospital, having been accredited for many years by the College of Surgeons, had, as part of this accreditation, by-laws which appeared adequate. It seemed then but a simple task to revamp the old by-laws in order to have them approved by the Joint Committee or Accreditation of Hospitals.

Our "little" task, however, proved not so simple and it was over a year before we "made it." The resultant by-laws were far from a rehash of the past. We now realize that we are better off, but the road to acceptance was not easy. Under the original by-laws, our hospital had undergone enormous physical and professional changes which few of us had realized. The physical plant had been remodeled and expanded. We had changed from a small rural hospital to a modern rural medical center. The presence of a trained roentgenologist broadened and increased diagnostic x-ray service.

Members of the new Obstetrical Department worked cooperatively. The arrival of Pediatricians gave that department new status. The advent of a full-time pathologist served to unite us in an entirely new fashion. No longer were Staff Meetings sleepy affairs with the cause of death prefaced by "I think." Along with this there was increased interest in clinical work and in administrative problems. With this background the Committee was appointed to write new by-laws. The model suggested by the Joint Committee was compared to our old by-laws. With a minimum of following the "Model," and a maximum expansion of the old by-laws, a first copy was drafted.

This draft, after circulating among the officers of the Staff was then presented to the Staff as a whole at a Special Meeting. After much discussion, but little change, a second draft was drawn. With a sense of accomplishment, this was sent off to the Joint Commission for "final" Blessing.

To our chagrin, our by-laws were returned unaccepted and with many suggestions, all of which referred us to the model by-laws we had ignored. Reluctantly, we again set forth to our task. Now there was a minimum of following the old, and virtually a verbatim copy of the "Model" was produced. Having completed this, and before presenting it to the staff, we sent it to the Joint Commission for their opinion. It was no surprise when it received favorable comment. Armed with this benediction, the new by-laws were presented to the Staff, and were unanimously approved.

Professional Building
Frederick, Maryland

* Chief, Obstetrical Service, Frederick Memorial Hospital.

JOINT PLANNING COMMITTEE

FRANK D. WORTHINGTON, M.D.*

With the realization that a hospital can never assume a stationary status in either policy or material construction if it is to meet its obligations to the medical welfare of a community it serves, the Board of Managers has wisely appointed a Joint Planning Committee. It consists of a representative from its body and two additional members representing the trustees and the medical staff. Its function is to conduct a continuous survey of the immediate and foreseeable needs of the hospital and to make appropriate recommendations.

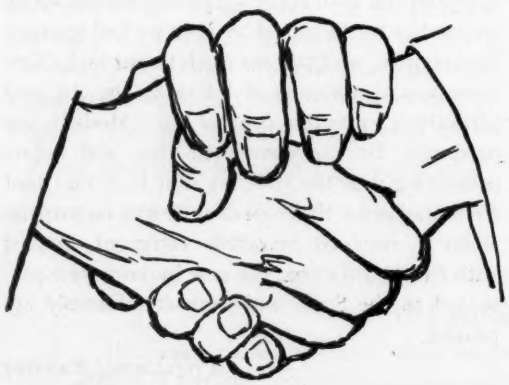
This committee has a long-range goal. It expects to familiarize itself by study and field trips with all phases of hospital planning. Though only recently created, this committee has begun to function.

Professional Building
Frederick, Maryland

* Surgical Service, Frederick Memorial Hospital.

JOINT ADVISORY COMMITTEE

JOHN M. CULLER, M.D.*



This committee came into being at the Frederick Memorial Hospital about five years ago. There was a feeling that closer coordination and understanding between the major branches of the hospital were desirable. The original "Liaison Committee" was organized with three members each from the Medical Staff, the Board of Managers, and the Board of Trustees, in addition to the Hospital Director. Under the recently adopted by-laws, it has become known as the Joint Advisory Committee.

The duties of the committee are to act as a liaison group between the Administration, Management and the Medical Staff; to act in an advisory capacity upon medico-administrative matters and to exchange information and opinion.

At the regular monthly meetings of the committee, problems concerning the hospital finances, procurement and policy are discussed, and referred to the proper division of the hospital. In many instances this has prevented weeks of delay and friction. It has fostered a direct flow of

* Surgical Service, Frederick Memorial Hospital.

information between the Medical Staff and the governing bodies. This information factor has certainly been helpful in eliminating misunderstanding between management and the medical staff, and has brought about a more closely knit organization.

When first organized, the committee was to be temporary. So much good came from the meetings, that within three months of its initiation, it was made permanent. We, at Frederick Memorial Hospital, have profited greatly by the existence of the Joint Advisory Committee.

15 East Second Street
Frederick, Maryland

INTERNE COMMITTEE

EDWARD P. THOMAS, M.D.*

Until recent years, the organization and operation of our hospital had not developed to a degree adequate to maintain a house staff. By virtue of this lack of development, the problems confronting the Interne Committee were insurmountable, and the activities of the committee were at a minimum. With the attainment of adequate training facilities, the committee was rejuvenated.

Stimulated to explore the problem further, the committee has examined the motives underlying the desire for a house staff. It would result in more efficient patient care, activate post-graduate medical education interest within the staff, discharge the hippocratic obligation to dissem-

* Surgical Service, Frederick Memorial Hospital.

inate medical learning, and make fullest use of the clinical material.

Though our hospital is well equipped to accept house staff for training at this time, the shortage of medical graduates makes their acquisition very unlikely. We do not subscribe to the idea that a house staff should be obtained at any price nor do we subscribe to unreasonable salaries, improper inducements, or compromise with quality of training, character, etc. Rather we feel that the solution lies in a cooperative effort with the larger medical centers and medical schools, whereby an interne rotation program may be arranged.

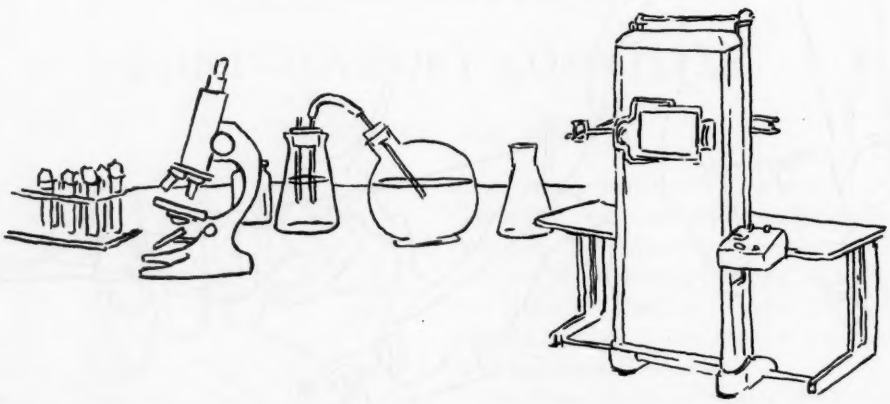
We feel that assignment to hospitals of our caliber has in itself a particular value not available in larger centers. Smaller hospitals are the training ground, par excellence, for cultivating wholesome habits in physician-patient relationship and for gaining insight into problems of private practice. Only in a smaller hospital can an interne follow a patient from his arrival at the emergency room to the conclusion of the case.

Successful examples of such an interne-rotating program are well known. This we believe to be our solution and toward this goal we shall strive.

Four East Church Street
Frederick, Maryland

LABORATORY AND X-RAY COMMITTEE

CHARLES H. CONLEY, JR., M.D.*



The combined Laboratory and X-Ray Committee of the Frederick Memorial Hospital is composed of three staff members, appointed annually, and ex-officio, the pathologist and roentgenologist. The purpose of this committee is to promulgate the general policies of these departments and to make recommendations to the staff for changes, improvements, etc. It also acts in a liaison capacity between these departments and the staff and management. It has the task of constant re-appraisal of the services of the departments.

In reviewing the accomplishments in these two departments, the committee might recite the long tale of cooperation from everyone concerned; it could extoll the labors of this one or that person; it can add up a very considerable success story.

The laboratory started in one room which was

* Medical Service, Frederick Memorial Hospital.

presided over by a Registered Nurse. She had been taught to do blood counts, a few simple chemistries and urinalysis. Later, more space was allocated, and a trained technician made possible the handling of more advanced procedures. Somewhat later, during the decade before World War II, a visiting pathologist read histologic slides every two weeks. Quicker results on pathological diagnoses were possible by mail service to Baltimore. As the work load of pathological slides increased, the visiting pathologist came weekly.

With the appointment of a full-time certified pathologist in 1952, the entire aspect of the laboratory underwent a change. There was a refreshing stimulation to the staff, for now we had a man to whom staff members could turn for consultation, for advice and for evaluation of laboratory and clinical data. Immediately there was a sharp upturn in laboratory activities, as additional procedures were made available. It was notable that requests for laboratory tests became more numerous and precise.

Frozen sections and quicker service on routine surgical sections are available. A complete bacteriological service is provided by a qualified bacteriologist. The department maintains constant sterility checks for the nursery, the obstetrical department, the operating rooms, the formula rooms and the central supply section. Elaborate cross index files are maintained on all procedures and patients. During the year 1954, a 41% autopsy rate was maintained. In the month of June 1955 it was 80%.

The Staff sponsors the monthly Clinic-Pathologic Conference conducted by the pathologist who also participates in an organized program of post-graduate education which is offered to the various staff sections at their monthly meetings. The laboratory maintains and services the Blood Bank, and prepares the pooled plasma.

Already the rather spacious and recently adequate quarters of the laboratory begin to look cramped. The committee is looking ahead to further expansion of the physical plant and continuation of the functional growth of this department. In November 1941, there were 1,471 laboratory procedures performed. In June 1955, the laboratory performed 4,361 procedures. To help visualize the growth that has already occurred, consider these simple figures.

The same story of growth in volume and elevation of quality of service is true of the X-Ray Department. In November 1941, there were seventy-six x-rays made. In June 1955 there were 347 separate examinations.

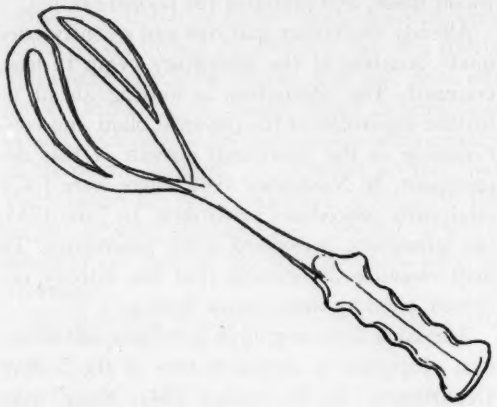
Here again, we find a department that started in a modest way. A staff surgeon, using ancient equipment, took time out to take and process the x-rays. This system, minimum as it was, did provide service. Later, qualified technicians were employed. This provided faster and more uniform results, but left us lacking diagnostic procedures.

At present we have two certified Roentgenologists. They provide complete diagnostic x-ray service. In this department, equipment and space that were ample five years ago are now inadequate. The services of this department are in increasingly great demand, and the personnel is meeting the demand. Here too, we are carrying on a steady program of evaluation and planning.

Professional Building
Frederick, Maryland

OBSTETRICAL DEPARTMENT

BERNARD O. THOMAS, SR., M.D.*



In the days not too far past, only those obstetrical cases which were complicated were admitted to the hospital. Probably because of this, the department of obstetrics in the hospital received little attention as compared to the other departments. The maternal and infant mortality rates reflected this state.

Fortunately, with increased emphasis on prenatal care, hospital delivery and general improvement in patient care, the obstetrical department of the Frederick Memorial Hospital took steps to conform to the highest standards.

The Obstetrical Staff was organized as a separate department under the Medical Staff structure. The membership of this staff was restricted to those physicians qualified to do normal and/or operative obstetrics. With the arrival of new practitioners of obstetrics, a policy was established of granting obstetrical privileges only under probation. If the quality of practice is judged to be poor, privileges are withdrawn.

The obstetrical department was located in segregation from the rest of the hospital, with a well-placed delivery room, with adequate facilities for obstetrical patients and for newborn. Graduate nurse supervision of competent quality was provided.

The attack on obstetrical records led our department to establish rules requiring prenatal histories, physical examination, labor record, pelvic measurement, newborn record, detailed operative notes and consultations.

Statistics are maintained in order to review and analyze our work. This will permit us to appraise ourselves in comparison to the standards of the American Committee on Maternal Welfare.

Through a continued and relentless attention to the operation of the Obstetrical Service, we shall be able to give our patients the very best in maternity care.

Professional Building
Frederick, Maryland

* Chief, Obstetrical Service, Frederick Memorial Hospital.

PEDIATRIC DEPARTMENT

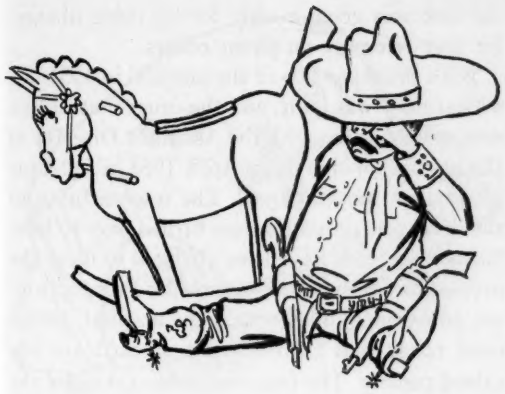
ALBERT M. POWELL, JR., M.D.*

The Pediatric Department of a hospital such as the Frederick Memorial Hospital is organized to care for the acute illness of infancy and childhood, and for the care of infants in the newborn period. Our program does not include interne and resident training at the moment, or a large outpatient department.

The organization of the section includes three main divisions: the emergency room, the nursery and the pediatric ward.

The emergency room is open twenty-four

* Chief, Pediatric Service, Frederick Memorial Hospital.



hours a day with a pediatrician on call at all times. Theoretically, this service is to be used for acutely ill patients who are unable to locate their family physicians. In practice, we have found this service is abused by the constant but small group of individuals who feel that it may be used as a substitute for a visit to the physician's office. However, the emergency room is an essential part of the hospital's service to the community.

The nursery is divided into three separate sections; the normal, the premature and the ill newborn. The ward for the care of ill patients has a bed arrangement which is quite flexible, since surgical, medical and infectious patients are handled from the same nursing station. In order to accomplish this with maximum safety we aim to have as few beds as possible in the ward. There is a salutory trend toward the use of double rooms.

A treatment and examining room, equipped to take care of the majority of pediatric diagnostic and therapeutic measures, has been installed as a necessary part of the pediatric ward.

As with all services, department meetings are a must. With a small pediatric staff, the teaching and self-analysis program is probably best incorporated with attendance at the Medical Department meetings.

220 North Market Street
Frederick, Maryland

PHARMACY COMMITTEE

LOUIS R. SCHOOLMAN, M.D.*

From the beginning of the Frederick Memorial Hospital until 1927, the drug room was located in a small room which is now the Admitting Office. The Director of Nurses provided the drug service which consisted of dispensing only standard items such as Basham's Mixture, Digitalis, and Belladonna Ointment. Then the drug room was moved to the basement of the newly finished Baker Annex, now used as a personnel dining room. When the present Director came to the hospital, the Director of Nurses was relieved of the drug room duties and the Assistant Director assumed the responsibility. All during this time, however, the Director of Nurses was responsible for the distribution of narcotics and was not relieved of this until 1953. It is interesting to know that the narcotics commonly used were Morphine and H. M. C. The H. M. C. (hyoscine, morphine and cactus) to many a young person in hospitals today would not be recognized as a drug or narcotic. Any drug which was not used daily or had to be compounded was ordered from one of the community drug stores.

The medical staff recognized the inadequacy

* Medical Service, Frederick Memorial Hospital.

of this system and appointed a Drug Committee in February 1944. Within two months, the first drug formulary was drawn. It contained all drugs used ordinarily in hospital practice. It listed each drug under its pharmacologic action. This assisted the physician to find quickly the drugs immediately available to produce the effect desired. Since a copy was placed at each nurses' station it was a helpful educational exercise for the student nurses.

With the advent of new drugs and particularly the antibiotics, the formulary was revised in 1945. A third revision in 1950 set up emergency equipment and an emergency drug tray for the emergency room and each floor. It also specified particular drugs to be on hand in specialty areas such as operating rooms, pediatrics, and obstetrics. Staff members were requested to use standard drugs to save the patient time and money and the hospital inventory duplications.

The most recent edition of the formulary was published this year with a new format. It has a table of contents listing drugs pharmacologically and an index listed alphabetically. It is arranged in loose leaf so that additions and deletions can be made periodically. Each member of the medical staff was given a copy for his office library, for easy reference on phone orders.

With the expansion of the hospital in 1951–52, a Pharmacy was built, and the drugs moved to a new spacious area with the Assistant Director of the hospital in charge. In April 1953, a full-time pharmacist was employed. The responsibility of the drugs and narcotics were turned over to him. Narcotic records have been changed to meet the present day hospital requirements. Prescriptions are now compounded within the hospital. Drugs used rarely and therefore not stocked are obtained rapidly. The pharmacist has taken on the instruction of the nurses in dosage, solutions, and in pharmacology.

The pharmacy department plans to have all narcotics and other parenteral tablets available in sterile solutions. We are prepared to draw up and prepare special prescriptions for dispensary use. We look forward to the day when we may handle radio-active materials. We shall progress with the rest of the Hospital Family to give the patient the best in medical care.

Professional Building
Frederick, Maryland

EMERGENCY ROOM COMMITTEE

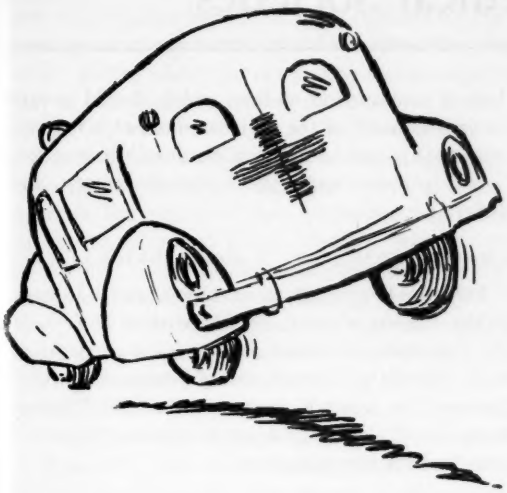
CHARLES H. CONLEY, JR., M.D.*

As a community hospital comes to be accepted as the working center medicine in its area, many problems present themselves to the staff and management. Perhaps this is nowhere exemplified as clearly as in the Emergency Room.

In our hospital the Emergency Room is a modern, adequately equipped suite of rooms which was built for the purpose. In the days before this construction, the situation was sadly different. There was a single, small basement room. It was difficult of access, inadequately equipped and unstaffed. A prospective patient pushed the outside bell button which rang in the nurses' station on the floor above. Thus called to the attention, the nurse unlatched the door, admitted the patient and began to look for a doctor. Sometimes finding an available and willing doctor was a problem hard to solve.

In order to overcome the obvious lack of coverage, the Staff took action in the mid 30's and setup a rotating call system for the three surgeons then working here. Each was on Emergency Room call for one month. The chief prob-

* Medical Service, Frederick Memorial Hospital.



lem at that time was care of traumatic injuries incurred, most often, in automobile accidents. In August 1941, there were 51 people treated in the Emergency Room.

Following World War II, and especially after the erection of the new Emergency Room wing the number of people seeking help increased greatly. The cases were by no means all surgical. The Staff was again faced with a serious problem, augmented by the absence of a house staff. In order to render good care, the members of the staff voluntarily have set themselves up into services, each of which maintains its roster of physicians on call for the Emergency Room. We now have coverage, 24 hours a day, for surgical, medical, pediatric, obstetrical, otolaryngological and opthalmological cases.

The system has its drawbacks, both professional and personal. But it works. It has provided a central spot to which people in distress may turn. To the doors of our Emergency Room, the local Police, the State Police, the private ambulance, the local and rural Rescue Squads bring their burdens in ever increasing numbers. July 1955 saw 686 people treated there. Some were critically ill, some were just frightened. There was the usual number of inebriates, and the two-weeks old toothache that required attention at two a. m.

The Emergency Room Committee is newly created. It is charged with surveillance of the general operation. We are concerned with the quality of professional service rendered, with the maintenance of proper records, with maintenance of equipment and drugs. We seek objectively for improvements in our analyses of present procedures. We recognize that what the public thinks of our hospital is often actually their reaction to experiences in the Emergency Room.

In the short space of a few years, the service has multiplied. It is still growing. We hope to continue to give good community service.

Professional Building
Frederick, Maryland

CLINIC FOR DEMYELINATING DISEASES

A clinic for the diagnosis and study of demyelinating diseases, particularly multiple sclerosis, has been established by the Division of Neurology at the University of Maryland. The primary purpose of this clinic is diagnosis and study of these diseases. Responsibility for treatment cannot be undertaken for all cases. However, where it appears indicated, recommendations for treatment will be made. The clinic is under the direction of Dr. Edward Cotter. Admission to the clinic is by referral only.

Address: Demyelinating Disease Clinic
University Hospital
Baltimore 1, Maryland

Component Medical Societies

ALLEGANY-GARRETT COUNTY MEDICAL SOCIETY

LESLIE E. DAUGHERTY, M.D.

Journal Representative

Iron Lung Presented to Memorial Hospital

Through the efforts of the Allegany County Chapter of the National Foundation for Infantile Paralysis, a respirator was permanently installed at the Memorial Hospital Polio Centre, in Cumberland.

Dr. Barnett Berman, attending physician for adult polio cases at Baltimore City Hospital was here to install it. Dr Berman also addressed the members of the hospital staff and nurses on the "Entire Problem of Polio" and particularly as it relates to the need for the iron lung in cases of respiratory paralysis.

At a meeting of the medical staff of the Garrett County Memorial Hospital, at Oakland, Maryland, Dr. Ralph W. Ryan of the National Health Institute of Bethesda, discussed certain forms of blindness, with special reference on Toxoplasmosis. Dr. Ryan practices medicine in Morgantown, West Virginia.

The dinner meeting was attended by physicians from Maryland and West Virginia.

Dr. S. G. Weisman, of Cumberland, spoke to the Alumni Association of Sacred Heart Hospital, at a recent meeting, on his experiences as an Air Force Medical Officer, in World War II.

He stressed travel as a broadening education and stated that nurses are well equipped to travel around the world as hostesses in Air Flights. Speaking of experience gained, Dr. Weisman pointed out how the student nurse's outlook on life was broadened, meeting many people and being exposed to truth which should enable them to become better human beings. He spoke of the training to be socially useful, economically gainful and always providing security and interest. The speaker urged keeping confidences of patients to themselves, and warned they will be regarded by their neighbors as proficient in all medical information and asked to pass judgements.

In concluding, Dr. Weisman reminded his audience they are fully pledged participants in a fight for human comfort and welfare, which, should it ever receive as much of the national effort as is now expended in pursuit of means of death and destruction, would prevent and relieve human misery and suffering.

Cumberland Hospital Makes Plans for Library

Plans are being made to establish a branch Library of the Allegany-Garrett County Medical Society, in the Cumberland Memorial Hospital in cooperation with the State Medical and Chirurgical Faculty Library. Dr. Leslie E. Daugherty and Dr. Thomas Robinson, of Cumberland, are Chairman of Committees, to make arrangements.

BALTIMORE CITY MEDICAL SOCIETY

CONRAD ACTON, M.D.

Journal Representative

President Koontz and the Executive Board met on Tuesday, 13 September for the first time since May. Prior to their own meeting, they met with City Medical Society Delegates and Alternates to the State Faculty. Various matters of business scheduled to come before the Faculty at the Semiannual Meeting were gone into. The Delegates aired their opinions and organized themselves. Doctor C. Lockard Conley was elected Chairman, or "whip" of the Delegates to coordinate their action more effectively at the Ocean City Meeting. The Executive Board withdrew after informing the Delegates of the position taken by the Board on the various matters and did not stay to participate in the discussion or election that followed.

The regular business of the Board included consideration of an essay contest endorsed by the Association of American Physicians and Surgeons. The Board approved sponsoring competition in writing an essay on the topic "Why Private Practice of Medicine is Better." A fifty dollar War Bond is offered as first prize. Two twenty-five dollar bonds are second and third prizes. The winners of the city contest will be sent forward to compete with other Component Society winners for equal State contest prizes. The State contest winners will in turn com-

pete with winners from other State contests for the grand prize of one thousand dollars offered by the AAPS. Responsibility for conducting this important project was delegated to the Committee on Public Medical Information, Dr. H. H. Hopkins, chairman.

The new Adoption Law is still vague in the minds of many persons. The Baltimore Council of Social Agencies has suggested that a discussion be held among the interested groups: doctors, lawyers, social workers. This was approved and referred to the Program Committee, Doctor William Grose, Chairman, as an item not to displace any of the regular meetings, but worthy of special consideration.

A report of the Committee to Study Nursing Education in the City, Doctor Edward S. Stafford, Chairman, evoked vigorous discussion. This report recommended that the City Society with the State Society urge that private duty nurses, in appropriate instances, be permitted to work longer than eight hours. It called attention to instances where a hospital, arbitrarily enforcing an eight hour day, had brought hardship to patients. They point out that an eight hour, strict enforcement policy is not universal in Baltimore hospitals. The Committee felt that recognition of this fact at State level could be effective in preventing hardship to patients. The Committee stated further that it did not feel qualified to conduct a study of the educational needs of nurses in Maryland and referred the Society to the fine Statewide survey made by the Subcommittee on Nursing Needs to the Committee on Medical Care of the Maryland State Planning Commission. Members of the Executive Board expressed themselves as finding that the enlarged academic demands made on student nurses' time made them less able and less willing to take care of patients. They feel that the trend to an academic point of view in nurse training has snowballed out of all reason. They feel that some group should call attention to this fact and perhaps help turn the tide in nursing education toward more bedside training.

A letter of complaint was read from a large factory on the outskirts of Baltimore. The factory claims that doctors in its vicinity were lax in handing out illness certificates. Employees were using them to collect pay while vacationing in Florida, fully able to work. The opinion of the Board seemed to be that any such physician would hardly be a member of the City Society. Some stated that this could easily be handled by the Plant's own medical and home nursing service. It should be a simple thing to visit absentees sick at home. Particularly since only two or three physicians were believed to be competing for the majority of these cases known to the factory. However, it was the consensus of the Executive Board, that it is the proper province of organized medicine to help prevent abuses of any kind and to notify all good physicians that such abuses were occurring and request their help in prevention. A letter to all physicians in the city is to go forward concerning this complaint and the underlying problem.

This has been one of the considerable concerns of socialized physicians in Great Britain. There the threat of leaving his Panel if such certificates are not given is said to be held over the head of any physician who may think of refusing to issue medical-absence certificates on request. Perhaps some of our visiting colleagues can give us better leads on how to get around the dilemma.

The Executive Board also considered the problem of amphetamine "pep pills" as a cause of motor accidents. A spread from a Sunday Newspaper mentioning Baltimore specifically was exhibited as evidence of what goes on. Over-the-counter sales seem to be the chief source, rather than prescription. Since it takes about two years to obtain effective action on the State level where it was felt that this problem properly belongs, the Board decided to see what could be done within the jurisdiction of the City. The project was referred to the Interprofessional Relations Committee, Dr. Theodore E. Stacy, Chairman, to see if by joint effort, the pharmacists and physicians could find ways to abate the evil.

CECIL COUNTY MEDICAL SOCIETY

M. H. SPRECHER, M.D.

Journal Representative

Pre-summer Meetings of the Cecil County Medical Society ended with a touch of instruction and a touch of good fellowship. Dr. W. E. Wollenweber, pathologist of the Union Hospital, presented a paper at the June meeting stressing screening laboratory procedure and how genetic factors can enter into the study of the patient. The blood bank problem, always a major one with the smaller hospital, was also discussed by him.

Mrs. Henry Vincent Davis was hostess to the membership of the Society in August. Several little Janes and Johns from the cradle to pony tails and small cars enjoyed with their parents the boating, swimming and the excellent food. The social meeting welcomed Connie and the beginning of the local monsoon season. No one claimed more than dampening and no one had to be a hero.

All members hope to attend the September meeting of the State Society and are deferring their local meetings until Fall. Another hospital Staff Member and speaker from Wilmington, Del. will present papers.

FREDERICK COUNTY MEDICAL SOCIETY

LOUIS R. SCHOOLMAN, M.D.

Journal Representative

All remains quiet along the Potomac. The Journal Issue Committee is busy editing articles and composing the format. Everyone is looking forward to Labor Day with mixed feelings. The doctors regret a bit that the less busy period is over. Their wives are glad that school days will soon be here. Their children loudly groan that the "hated" school is so near, but inwardly are relieved that something different is at hand to erase the late summer boredom.

MONTGOMERY COUNTY MEDICAL SOCIETY

MAYNARD I. COHEN, M.D.

Journal Representative

Dr. Alex Shelakov, of the Laboratory of Infectious Diseases, National Microbiological Institute, National Institutes of Health, spoke on "Virus Studies in the Washington Area, 1955," at the September meeting of the Montgomery County Medical Society. The meeting was held on September 29, 1955, at Olney Inn, Olney, Maryland.

$8.7 MILLION FOR INTERNATIONAL HEALTH WORK IN AMERICAS

The AMA Washington Letter 84-39

Various international organizations expect to spend a total of $8.7 million next year in health programs in North, South and Central America. This does not take into account individual health projects in the various countries. Included in the total are: Pan American Sanitary Bureau (PASB), $2.2 million; WHO, $1 million; UN Technical Assistance, $1 million; and International Children's Emergency Fund and other activities, $4.2 million. The WHO and PASB budgets were approved at a meeting of the Pan American Sanitary Organization's Directing Council, policy-making body for PASB.

Of the PASB budget, $100,000 will go to help set up a coordinating headquarters in Mexico for a four-year malaria eradication program, which eventually is expected to cost international bodies and participating countries as much as $100 million.

Other health programs include attacks on malaria, yaws, smallpox, venereal disease, and yellow fever. Work is also planned in tuberculosis control, environmental sanitation, public health nursing, maternal and child health and nutrition. Additional fellowships will be awarded to strengthen public health administration.

Necrology

A. S. CHALFANT, M.D., *Chairman*

Memoir Committee

Hans W. Constadt, M.D.

1890-1955

Dr. Hans W. Constadt, a graduate of Heidelberg University, selected Baltimore to begin anew the practice of his chosen specialty, Otolaryngology, in 1942, having been forced to leave patients, possessions, and his native Germany a few years before.

By conscientious, devoted effort and a radiant friendliness he succeeded in building a new practice, gaining many friends and pursuing a happy life, possessing the will power and fortitude to overcome many personal losses and bereavements.

Dr. Constadt became a member of the Medical and Chirurgical Faculty of the State of Maryland in 1943, and attended the various meetings faithfully thereafter, delighting in the opportunity for professional association the Faculty made possible.

Dr. Constadt was devoted to his patients, considered himself to be not only their doctor but their friend as well. A void has been left in the hearts and minds of those who knew him; he will long be remembered. Though saddened by his going, family, friends and patients are glad to have had him these many years.

VOCATIONAL REHABILITATION FUNDS ALLOCATED TO STATES

The AMA Washington Letter, No. 84-36

Grant funds totaling $32,600,000 for fiscal 1956 have been allotted to the 48 states and to various territories for continuation of the federal vocational rehabilitation program. The Office of Vocational Rehabilitation said the appropriations compare favorably with the fiscal 1955 figure of $26,800,000. The funds will be used for support of the nation-wide rehabilitation program and for expansion and improvement of rehabilitation services and facilities.

Approximately $30,000,000 of the total 1956 figure will be utilized in support of state vocational programs; the rest is scheduled for use by state agencies and private non-profit groups in expansion, extension and improvement of services to disabled persons and expansion of facilities. In addition, OVR noted that the amount of federal aid allotted to a state is not necessarily the amount received, for federal law requires a matching basis for vocational rehabilitation programs whereby each state must appropriate a specified minimum amount in order to receive its full allotment.

Library

"Books shall be thy companions; bookcases and shelves, thy pleasure-nooks and gardens." *ibn Tibbon*

LIBRARY CHATTER

MARY EMILY BERGE

Dr. Edward F. Lewison, Faculty member from Baltimore City, has given the library a copy of his book, "Breast Cancer and Its Diagnosis and Treatment." The author "undertakes to assemble the known facts in regard to breast cancer," in which task he is assisted by several collaborators, among them Dr. Frances Trimble, also a member of the Faculty from Baltimore City. Beginning with a fascinating chapter on the history of breast cancer and its treatment, the book covers every phase of the subject. As breast cancer is the most common malignant neoplasm in women, we are sure this exhaustive work will be of great interest to library users.

We'd like to repeat a plea we've made before to all Faculty Members. Please give the library a copy of any work you have published. Don't wait until we ask you for it. Sometimes we feel shy, too!

We are sorry to report the resignation, effective in September, of Miss Myrtle Hollins, library assistant since August 1953. While the new Mrs. Davis has our good wishes for happiness, she will be missed here. During her service she proved to be a very conscientious worker, always willing and helpful.

We were reminded the other day of the story about John Wesley's parents. It seemed his father asked his mother, in exasperated tones,

"Why do you tell that boy the same thing twenty times?"

"Well," answered Mrs. Wesley, placidly, "if I don't tell him the twentieth time, I've wasted my breath for the first nineteen."

It came to mind because a Faculty member called and asked whether we would locate some material for him on a specific subject and have it ready for him to pick up. When we answered, yes, we'd be glad to, he said,

"I didn't know you did that sort of thing. Dr. _____ said you did but I wasn't sure."

While we were very grateful for the word-of-mouth advertisement, we were distressed that we hadn't been able to let him know ourselves that we are always ready to help busy Faculty members to the best of our ability. So for the benefit of other Faculty members who dropped their information folders in the waste basket unread, we'll tell you again a few of the ways the library tries to help the physician.

We will, indeed, assemble material on a given subject and have it ready for you to see when you come in. Of course, you understand, we do have to have a little time for that sort of thing but we try to fill all such requests as promptly as possible, in the order in which they are received. Sometimes if a physician is in no great hurry, or the material is very hard to locate, it may take a little longer for some than others.

We will be glad to show you how to use indexes and catalogs with which you are unfamiliar. We will check your bibliographies and verify them. If you want, we will compile bibliographies for you.

All members of the Faculty are permitted and urged to make the fullest possible use of the library. Free borrowing privileges, subject to library rules, are the right of every member. We will mail books or journals to county members whenever asked. City members, who are too pressed for time to come to the library themselves, may send a messenger with a signed note.

As one of the younger Faculty members told another,

"Man, you should get smart and save yourself some money. Borrow books from the library, don't try to buy them all yourself."

Over the summer a number of volumes have been added to the library. A list of some of the most interesting follows:

Ham. Histology, 1953.
Pickles. Haemolytic disease of the newborn, 1949.
Wakefield. Clinical diagnosis, 1955.
Hosler. Manual of cardiac resuscitation, 1954.
Francis. The human pelvis, 1952.
Meigs. Surgical treatment of cancer of the cervix, 1954.
Harrow. Casimir Funk, 1955.
Kohl. Perinatal mortality in New York City, 1955.
American College of Surgeons. Surgical forum, 1954, 1955.
Aurelianus. On acute and chronic diseases, 1950.
Polyak. The retina, 1941.
Fleming. Modern occupational medicine, 1954.
Courville. Contributions to the study of cerebral anoxia, 1953.
Rank. Surgery of repair as applied to hand injuries. 1953.
Christopher. Minor surgery, 1955.
Jonas. Babcock's principles and practice of surgery, 1954.
Bailey. Surgery of the heart, 1955.
Levitt. The thyroid, 1954.
Bacon. Atlas of operative technic; anus, rectum and colon, 1954.
Baker. Clinical neurology, 1955.
Wartenberg. Diagnostic tests in neurology, 1953.
Granet. Manual of proctology, 1954.
Brugghen. Neurosurgery in general practice, 1952.
Alexander. Reactions with drug therapy, 1955.
Steinberg. Arthritis and rheumatism, 1954.
Elkinton and Danowski. The body fluids, 1955.
Sutton. Minor surgery, 1955.
Hurxthall. Practical endocrinology, 1955.
Holley and Carlson. Potassium metabolism, 1955.
Advances in internal medicine, 1955.
Keefer. Prolonged and perplexing fevers, 1955.
Blount. Fractures in children, 1955.
Banyai, ed. Nontuberculous diseases of the chest, 1954.
Reich. The uncommon heart diseases, 1954.
Faust. Amebiasis, 1954.
American Heart Association. Cerebral vascular diseases, 1955.
Sclar. The heart and circulation, 1953.
Welt. Clinical disorders of hydration and acid-base equilibrium, 1955.
Marinacci. Clinical electromyography, 1955.
Birnbaum. Anatomy of the bronchovascular system, 1954.
Comroe and others. The lung, 1955.
Requarth. Diagnosis of acute abdominal pain, 1953.
Hoffmann. Biochemistry of clinical medicine, 1954.

Health Departments

BALTIMORE CITY HEALTH DEPARTMENT

Dr. Kugel Becomes School Health Chief

On August 30, 1955, Dr. Robert B. Kugel was appointed to the position of Associate Chief of the Division of School Health in the Baltimore City Health Department. Dr. Kugel will have charge of the Health Department's work in the public and parochial elementary schools of the city.

Dr. Kugel received his collegiate and medical degrees from the University of Michigan at Ann Arbor. He graduated in medicine in 1946. Thereafter he served until 1950 in the pediatric service of the University of Michigan Hospital and from 1950 to 1952 as Instructor in Pediatrics in the Yale Medical School at New Haven. After a year as Director of the Pediatric Outpatient Department at the University of Michigan Hospital Dr. Kugel entered the U. S. Air Force in 1953 from which he has just been separated.

Dr. Kugel fills the vacancy created by the recent resignation of Dr. Alan Foord who has gone to do school health work at Berkeley, California. Like Dr. Foord, Dr. Kugel will serve the city on a part-time basis while having a faculty position at the Johns Hopkins School of Hygiene and Public Health.

Huntington Williams, M.D.

Commissioner of Health

STATE OF MARYLAND DEPARTMENT OF HEALTH

MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, September 30–October 27, 1955

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MENINGITIS, MENINGOCOCCUS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS: Influenza and pneumonia
Total, 4 weeks																			
Local areas																			
Baltimore County	12	—	1	2	3	1	13	6	3	—	—	—	—	—	22	—	2	—	7
Anne Arundel	—	—	2	—	1	—	3	1	—	—	—	—	—	—	5	—	4	—	4
Howard	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	3	1	—	—
Harford	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—
Carroll	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Frederick	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	1
Washington	—	—	—	—	3	—	—	1	3	—	—	—	—	—	1	—	3	—	—
Allegany	—	—	—	1	—	—	—	1	2	—	1	—	—	4	3	—	—	—	—
Garrett	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Montgomery	2	—	1	3	—	—	2	8	2	—	16	—	—	—	17	—	2	—	1
Prince George's	1	—	1	1	—	1	4	1	2	—	3	—	—	1	9	—	5	—	1
Calvert	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Charles	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	1	—	1
Saint Mary's	1	—	—	1	1	—	1	1	—	—	—	—	—	—	3	—	—	—	—
Cecil	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2
Kent	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Queen Anne's	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Caroline	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—
Talbot	4	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2
Dorchester	1	—	—	—	1	—	—	—	—	—	—	—	—	1	2	—	1	—	1
Wicomico	—	1	—	—	—	—	—	—	—	—	—	—	—	3	2	1	8	—	—
Worcester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—	1
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Counties	23	1	6	8	10	2	26	20	15	0	21	0	0	10	73	7	34		22
Baltimore City	5	0	4	8	23	3	26	11	4	0	10	0	0	4	83	18	555		14
State																			
Sept. 30–Oct. 27, '55	28	1	10	16	33	5	52	31	19	0	31	0	0	14	156	25	589		36
Same period 1954	33	1	2	14	28	2	46	45	23	2	27	2	1	63	163	11	717		41
5-year median	34	2	5	—	39	2	41	100		1	35	3	3	47	169	17	663		33
Cumulative totals																			
State																			
Year 1955 to date	2110	12	465	313	1521	26	1523	145	100	22	2217	19	0	331	1674	170	6128		515
Same period 1954	3023	12	298	724	11369	27	2758	132	84	22	1328	17	6	775	1830	143	6463		426
5-year median	3077	20	620	—	5347	52	2090	321		39	1172	25	28	574	2084	220	6347		484

THE BLUE SHIELD NATIONAL ORGANIZATION

R. H. DABNEY*

Early in the history of Blue Cross there was found to be need for coordination of Plan activities on a national basis, and today such coordination for the 86 Blue Cross Plans throughout the country is provided through the Blue Cross Commission. Similarly, the activities of the 77 non-profit medical care Plans are now coordinated through an agency called Blue Shield Medical Care Plans—usually referred to as the Blue Shield Commission which is its governing body—with offices in Chicago operated jointly with the Blue Cross Commission.

The Blue Shield national organization is composed of 31 Commissioners. Twenty-two of these are elected annually from the eleven geographical districts into which Blue Shield Plans are grouped, each district electing one commissioner who must be a Plan Trustee and one commissioner who must be a Plan Director. In addition, there are nine Commissioners-at-Large, three of whom are appointed by the Council on Medical Service of the American Medical Association. The present composition of the Commission includes 20 Doctors of Medicine and 11 laymen.

Dr. Norman A. Welch, a Boston physician and President of the Blue Shield Plan in Massachusetts, is currently the President of the Commission and directs its activities through a four-man Executive Committee. A paid staff performs the administrative assignments, principally research, public relations, office and financial management, actuarial-statistical service, and inter-plan transfer arrangements. The Commission staff organizes national meetings throughout the year, usually in conjunction with Blue Cross, at which Plan personnel have an opportunity to exchange ideas and information on operating problems, such as enrollment, underwriting, and public relations. In addition, meetings are held in the various districts to discuss national programs such as the transfer agreement and to elect the Commissioners.

Your Director is now serving on the Blue Shield Commission, having been elected as one of the two representatives from District V, in which Maryland is located. The second representative from our District is Dr. Donald Stubbs, President of the Blue Shield Plan in Washington, D. C.

Activities of the Blue Shield Commission are supported financially by the 77 member Plans which contribute dues prorated on the basis of local enrollment. These Plans for medical-surgical care now serve more than 33,000,000 persons. Sixteen Plans have enrollments of over 500,000 subscribers, the three largest being New York City's United Medical Service with 3,734,943, Michigan Medical Service (Detroit) with 3,328,917, and Medical Service Association of Pennsylvania with 3,334,506.

No two Blue Shield Plans are exactly alike, but all must conform to certain basic approval standards established by the national Commission. Among these standards are (1) approval by local state or county medical societies, (2) responsibility of the medical profession for the medical services included in the benefits, (3) free choice of physicians for subscribers, (4) preservation of the patient-doctor relationship, and (5) not-for-profit financial operations.

Of the 77 approved Blue Shield Plans, 60 now provide benefits on a partial service basis, with the participating physicians agreeing to accept a specified fee if the subscriber's income is below certain levels. Such income limits differ in various localities, now ranging (Individual and Family) from $1,500 to $6,000 per year. One Plan provides full service benefits without regard to the subscriber's income. Altogether there are about 122,000 physicians participating, or roughly 89 per cent of all doctors in private practice in the areas served by Blue Shield Plans.

Administratively, Blue Shield Plans operate either (1) in complete coordination with Blue Cross, (2) in partial coordination with Blue Cross (enrollment and billing functions), or (3) independently

* Executive Director, Maryland Hospital Service, Inc., and Maryland Medical Service, Inc.

from Blue Cross. The majority operate as we do in Maryland, namely, as separate corporations with separate governing boards, but in complete coordination with Blue Cross under one director and one administrative staff.

All Blue Shield Plans offer surgical benefits, and a majority now also offer in-hospital medical services either as a part of their regular contracts or under special riders. A few Plans have provisions for home-and-office medical care. Benefits for medical specialties vary widely, as do benefits for consultations and assistants' services.

As a coordinating agency on the national level, the Blue Shield Commission serves an important function in guiding the growth and development of all Blue Shield Plans. Plans benefit through the regular services which the Commission staff provides, and the subscribing public benefits through the assurance that Plans which display the Blue Shield symbol and use the name Blue Shield have met definite prescribed standards and are operated on a non-profit basis under the sponsorship of the medical profession.

ASSISTANCE GRANTS OFFERED FOR NEW MEDICAL PRACTICES

AMA News Notes, September, 1955, Vol. 4, No. 9

A helping hand to physicians in need of financial assistance to establish medical practice units is being offered by the Sears-Roebuck Foundation in cooperation with the American Medical Association. Since young physicians often lack capital and business "know-how," this plan is intended to fill the gap with long-term, low-cost assistance. Unsecured 10-year loans of up to $25,000 will be offered to physicians seeking to establish practices but unable to get full local financing. One loan in each of five regions in the country will be given in 1955 under an original $125,000 Foundation grant.

Especially planned for small or medium sized towns and growing or rural communities, the program is designed to be self-expanding. All repayments will be used for further grants.

Applications will be screened by a medical advisory board which has been appointed from nominations by the AMA Board of Trustees. Each applicant must submit information about the area where he intends to locate, indicating the need for medical care, medical resources already available, possible reasons for the success of a new practice, and benefits expected for the community.

State medical society physician placement services will play a major role in getting the program started. The plan, formulated by the recently created medical advisory board, is headed by two members-at-large: Dr. F. J. L. Blasingame, Wharton, Tex., chairman, and Dr. Edwin S. Hamilton, Kankakee, Ill., vice chairman. Regional members include Drs. Samuel P. Newman, Denver, Midwest; James Z. Appel, Lancaster, Pa., East; David Henry Poer, Atlanta, South; Eugene F. Hoffman, Los Angeles, Pacific Coast, and Robert D. Moreton, Fort Worth, Southwest.

Applications should be sent to the office of the region in which the proposed medical practice is to be established. In the East, they should be addressed to the Director, Sears-Roebuck Board, 4640 Roosevelt Blvd., Philadelphia 32.

Book Reviews*

Acknowledgment of all books received will be made in this column, and this will be deemed by us as full compensation to those sending them.

Ageing—General Aspects. Colloquia on Ageing, Volume I. Published by the Ciba Foundation jointly with Little, Brown & Company, Boston, 1955. 247 pages. $6.75.

The above volume is one of a series of volumes published by Ciba Foundation and Josiah Macy Foundation dealing with various scientific topics pertaining to medicine and its allied sciences. To obtain a clearer understanding of the nature of these volumes and their special features one has to know the background of these Foundations. The Ciba Foundation, the producers and the joint publishers of the colloquia was established in 1947 by the Ciba Drug and Chemical Co. which has its headquarters in Switzerland. The foundation has its home in London. It is a non-profit, educational and scientific charity founded by a trust deed. The Ciba Foundation provides at its headquarters in London an international center where workers, active in medical and chemical research, are encouraged to meet informally to exchange ideas and information.

During the eight years of its existence, the Ciba Foundation organized quite a number of conferences, or as they call them colloquia, and as a result of these conferences, published a number of volumes on Endocrinology and on other important and vital topics, timely in their content and character.

There is a parallel foundation of this kind in the United States, known as the Josiah Macy Foundation established many years earlier. The Josiah Macy Foundation recently celebrated its twenty-fifth anniversary. It likewise, is engaged in providing facilities for researchers, scientists and clinicians to hoard their accumulated knowledge and findings, assort them, group them and publish them so that the wider public may have use of the material its volumes contain.

Both foundations have chosen for their assemblies the form of the small conference which usually convene at stated periods and are conducted in the most informal manner. As a rule there are no precise and confined papers presented. The presentations seldom go into fine statistical details. They have likewise, chosen parallel, if not similar, designations for their "get togethers." The Josiah Macy Foundation calls them Conferences. The Ciba Foundation calls them Colloquia. The outstanding characteristic common to both these forms is their informality. It is more of "a talking it over." It is the mutual sharing of accumulated knowledge and experiences on a semiorganized schedule. At these conferences the speaker may be interrupted at any time without being hurt or confused. Questions may be proposed without any specific order. Arguments and discussions are mostly a to and fro procedure, with the speaker, or by the participants with one another, and, therefore, the results are as a rule not rigidly fixed conclusions. It is an exchange of ideas without definitely accepting or rejecting them.

With this brief description of the background of the foundations it will be easier to appreciate the volume under review.

The above offering by Ciba Foundation is the first volume on The General Aspects of Ageing, with an implied promise for more volumes to follow.

The Colloquia, of which the volume under review is the result, took place in the summer of 1954 following the third International Gerontologic Congress in London. The Ciba Foundation utilizing to good advantage the presence, at that time, to the above Congress of many outstanding internationally known Gerontologists.

Thirty-four scientists participated in these Colloquia; ten of whom are Americans. The better known among them are; Drs. E. V. Cowdry, J. E. Kirk, A. I. Lansing and Nathan W. Shock.

The volume is not a heavy one. It totals all told two hundred and fifty pages and contains a total of sixteen topics, which were presented and discussed. It is obvious that they are not elaborate and that the authors did not attempt to exhaust all the facts and experiences accumulated to date about the topics under discussion.

And, as if to further emphasize the informality and inconclusiveness of the presentations the very first topic dealing with the definition of Ageing ends up with the admission, by the author, that to date there is no one clearly defined, generally accepted concise statement as to what is ageing and what it describes. You find the same admission in the article "Mental Aspects of Ageing" by Lewis, whereafter a discussion of certain characteristics of senile mental conditions and behaviorisms, the author reaches the conclusion that to date, we do not have any sharp demarkations between the characteristics of the mental ailments of the old and the younger persons.

* The reviews here published have been prepared by competent authorities and do not represent the opinions of any official bodies unless specifically stated.

On the whole, the volume reflects the present status of our knowledge and understanding of Ageing. We are still very much engrossed in the "descriptive stage" in our studies of Ageing. Considerable progress has been made in this effort. More is known today, than heretofore, about the appearance of certain ageing tissues. We have studied carefully the changes brought on by age of the elastic tissues. We know the shrinking with age of muscle fibers and we understand how the face wrinkles. We know considerably about the disturbances of calcium metabolism. We also know that there are characteristic nutritional changes, that the vital capacity of the lungs is limited by age, and numerous such facts. We have made progress in our studies as to what an aged tissue looks like and how it functions. To date, we are only able to tackle the "how" but not the "why." This is very boldly reflected all through the presentations and discussions of the topics contained in this volume; as well as in all similar volumes.

Because of this situation, it is obvious that published material cannot go beyond these limitations. However, within the above inevitable limitations the Colloquia volume adds up to a compilation of quite a number of well presented, valuable and informative facts.

At least seven of the articles make good reading even for those who are not fully initiated into the more intricate discussions on biochemical, physiological and other problems involved in the processes of ageing.

These are: The Definition and Measurement of Senescence, Mental Aspects of Ageing, Effects of Ageing on Respiratory Function in Man, Calcium Metabolism in Old Age, 17 Ketosteroid Excretion in Ageing Subjects, Research Areas in Gerontology Nutrition, Too Rapid Maturation in Children as a Cause of Ageing.

One will likewise be greatly stimulated and gain considerably by reading the general discussions following the presentations, in which all the convened participate. They make delightful reading because of their ease and informality. At the same time they are replete with valuable facts and revelations which are easily garnished because of their "Colloquial" presentation.

Let us hope that the Ciba Foundation will persist in its efforts to present from time to time additional volumes containing further discussions on the various aspects of ageing. It is only by mass effort and by the multiplicity of activities in the various areas of ageing that progress will be achieved.

H. S

Woman's Auxiliary Medical and Chirurgical Faculty

MRS. ALBERT E. GOLDSTEIN, *Auxiliary Editor*

SIXTH SEMIANNUAL MEETING

Ocean City, Maryland

The Sixth Semiannual Meeting of the Woman's Auxiliary to the Medical and Chirurgical Faculty was held at the Commander Hotel, Ocean City, Maryland, Friday, September 16, 1955.

In the morning our President, Mrs. Gerald W. LeVan, addressed the House of Delegates of the Medical and Chirurgical Faculty, and ably brought to the attention of this body the aims and needs of our Auxiliary.

Following the Board Meeting, the General Meeting was called at 10:30 a.m. by the President, Mrs. LeVan. There was a round table discussion on three of the following Auxiliary projects, with the chairmen of the respective committees as moderators: *Public Relations Committee*, Mrs John G. Ball; *Nurse Recruitment Committee*, Mrs. James P. Kerr; and *Program Committee*, Mrs. Charles H. Williams.

Following the business of the meeting, the film, "Career: Medical Technology," was shown and commented on by Mrs. Henry L. Wollenweber who is Chairman of the Allied Medical Careers Committee. It was received with great applause. Dr. Wollenweber requested the Board to combine other allied medical careers with the Future Nurses Convention. The idea was received favorably as the National Auxiliary is also working along the same channel.

At noon, there was a Clambake luncheon on the beach for the doctors, their wives and guests. During the luncheon, the Auxiliary planned the surprise which was arranged by Mrs. A. Austin Pearre and by some of the members of her Committee, Mrs. Albert E. Goldstein and Mrs. William B. Long. This was a Fashion Show, which included a comedy skit of bathing suits of past years, and was given on the boardwalk at the time of the Clambake by the Hess Apparel Shop of Salisbury and Ocean City. All the doctors' wives, who went to the Hess Apparel Shop were given a lipstick with a tag attached on which was printed the following verse, composed by Mrs. Pearre:

"Hess Apparel is pleased to supply
For the lips of the Beautiful Wives of Med Chi
This dainty cosmetic
And dares be prophetic
That its quality none will deny."

The members of the Medical Society and the Auxiliary who modeled in the skit were: Dr. Wetherbee Fort, Dr. Albert E. Goldstein, Dr. William B. Long, Dr. Joseph J. Tamasi, Mrs. E. Roderick Shipley, Mrs. Martin E. Strobel, Mrs. Ernest F. Poole, and Mrs. James P. Kerr. The following models in the Fashion Show were the hostesses to the Convention: Mrs. William B. Long, Mrs. Henry Briele, Mrs. William Dumeyer, Mrs. I. Rivers Hanson, Mrs. Nathaniel R. Thomas, and Mrs. William S. Womack.

A dance in the evening at the Commander Hotel ended the program for the day.

The members of the Auxiliary wish to express their appreciation to the Hospitality Committee Chairman, Mrs. A. Austin Pearre, and the members of her Committee for the well executed social features of the program.

THE INAUGURATION OF A NEW FEATURE

It is the feeling of the Auxiliary Editor and her assistants that every member is interested in the programs, etc., of the component auxiliaries. In order that the members may be cognizant of these activities, each month a Component Auxiliary President will report on the program and progress in her organization.

Watch the Auxiliary Section of the Journal for this feature!

When this Journal goes to press, it is planned to have the following component auxiliaries submit

articles of interest: *Baltimore City*, Mrs. Conrad Acton, *President* (see page 743 of this Journal); *Baltimore County*, Mrs. Louis Z. Dalmau, *President; Montgomery County*, Mrs. Austin B. Rohrbaugh, Jr., *President; Prince George's County*, Mrs. F. E. Musser, *President;* and *Washington County*, Mrs. Philip J. Hirshman, *President.*

This resume of the work of the component auxiliaries should be of interest to everyone, so watch for these articles in the coming issues of the Journal.

REPORT ON STUDENT AID FUND

Great wrath implies great responsibility—to paraphrase an English lord!

The Woman's Auxiliary proudly announces a Student Aid Fund of over $1100, to be for the use of medical students, nurses, and members of Allied Professions.

We are faced, however, with problems of administration of this fund, and as soon as regulations governing ⅓ use have been approved by our Advisory Committee and the Council, this money will be made available.

This fund has been built up yearly through benefit parties, the annual ball, contributions, raffles, and all the money-making schemes known to women.

Bear in mind our aim and our past achievement when you are approached for help with our Charity Ball, May 4th, 1956.

AMERICAN MEDICAL EDUCATION FOUNDATION

Aware that much depends on the continuing "health" of the American Medical Education Foundation, the Woman's Auxiliary of Baltimore City opened the fall season on August 30th with a benefit theatre party at the Hilltop, in Brooklandville; the play, "My Three Angels," provided a surpisingly pleasant evening. The entire proceeds, about $200.00, were designated for the AMEF, and in the interests of saving the federal tax, the Auxiliary went all out for proper tax exemption. As a result of telephone calls (one) from Chicago, air mail correspondence, numerous contacts with our legal advisers, and various photostatic copies of the laws of incorporation of the AMEF, we finally succeeded in securing tax exemption. Now, we can only hope that we will no longer have to court the Bureau of Internal Revenue each time we have a fund-raising project for the AMEF. This rating we consider as important as the amount of money realized!

May we remind the doctors, as well as members of the Woman's Auxiliary, that special cards are provided by the AMEF for those wishing to make a memorial contribution. These cards are in excellent taste, and such a gift provides a lasting tribute. They may be obtained from Mrs. Samuel E. Proctor, the Chairman of our American Medical Education Foundation Committee.

The Foundation directors have expended considerable imagination, as well as time, in planning the current campaign for "80 Dimes for AMEF," and it is hoped that this provocative slogan will pique curiosity and encourage contributions. Compelling figures have been compiled in attractive form, and this literature is available for those unfamiliar with the history, and needs, of these remaining "free" medical schools.

REPORT OF NATIONAL CONVENTION OF THE WOMAN'S AUXILIARY TO THE AMERICAN MEDICAL ASSOCIATION

Atlantic City, N. J.—June 4–10, 1955, Headquarters at Hotel Haddon Hall

Mrs. Homer Ulric Todd, Sr.—Presidential Delegate

June 4 and 5 Registration—Meetings of the Nominating, Finance, and Resolutions Committees.

Registration was 1,789 with representation from practically every Component Auxiliary. Guests also registered from Canada, Peru, and England.

The Convention schedule began on Monday, June 6, 1955, at 9:00 A.M. with a Round Table Discussion on Legislation—Public Relations and Today's Health.

Mrs. Charles L. Goodhand, Chairman of Legislation introduced Mr. C. Joseph Stetler, Director Law Department A.M.A. and Mr. R. G. Van Buskirk, Staff Associate. They discussed

Medical Health Insurance, The Bricker Amendment, Veterans Medical Care Program, Federal Social Security Taxation Program for Doctors.

Although Congress did not enact all the health bills, President Eisenhower's administration wanted to put through, it did mark up an imposing record

of accomplishments. In fact it passed more health and medical legislation than any Congress in many, many, years. The A.M.A. actively supported most of the bills finally enacted and opposed none of them.

Mrs. Richard M. Reynolds, Chairman of Public Relations stated that "Public Relations" is each member's own responsibility and that we should work on this at all times.

Mrs. Richard F. Stover conducted "Today's Health" Program. She said that there had been a substantial gain in subscriptions but urged us to continue our efforts for more. Our Circulation now is 51,000.

Tuesday, June 7, 1955. The Roll was called by our Constitutional Secretary, Mrs. Carl Burkland. We had five members present.

A most impressive "In Memoriam" service was conducted by Mrs. M C. Wiginton.

The report of the President, Mrs. George Turner and her officers followed:

The meeting adjourned for lunch at the Hotel Haddon Hall. The guest speaker was Mrs. Beatrice Wright Fuerst, Director Woman's activities, National Foundation for Infantile Paralysis. Sixteen years ago Mrs. Fuerst was stricken with polio, she is now completely cured, sound of body and mind.

The afternoon session opened with the reading of the Central Region Reports followed by the Western Region.

Wednesday, June 8, 1955. State Reports, Southern Region followed by the Eastern Region, Maryland was among the first called. Mrs. Gerald W. LeVan read an excellent report for Maryland giving a résumé of all activities for the past year. We adjourned.

A luncheon was held at the Hotel Chalfante for Mrs. George Turner, Dr. Walter B. Martin, President of the A.M.A. was the guest speaker. A check for $80,000.00 was presented by Mrs. Turner to Dr. George E. Lull, Vice President A.M.E.F.

The afternoon session consisted of reports on the following: *Civil Defense*, an active program is the duty of every Auxiliary. We must prepare in peacetime to care for the overwhelming number of casualties resulting from enemy attack.

Nurse Recruitment, Mrs. C. R. Pearson, Nurse Recruitment Chairman stated that her program was making progress and that $81,000 had been contributed for its needs. Also that 936 Future Nurse's Clubs had been organized. It was a thrill and very gratifying when Mrs. D. D. Caples went to the rostrum to read an outstanding report on the work the chairmen have done this past year and that now we have 54 Future Nurse's Clubs in Maryland.

Mental Health, We are told that 5% of our population needs mental health aid. We should study the problems of the mentally handicapped. We must urge our legislature to appropriate more funds for mental health care.

Thursday June 9, 1955. The morning consisted of election of officers, Installation of officers—Presentation of Presidents Pin and gavel and the Inaugural address of the new President, Mrs. Mason G. Lawson. At 7:00 that evening the Annual Dinner was held at the Hotel Haddon Hall.

Friday June 10, 1955, A Postconvention *Conference* of National Officers—Directors—Committee Chairman and State Presidents and Presidents-Elect was held, Mrs. Mason G. Lawson, President, presided.

This ended the Thirty-second Annual Convention.

WOMAN'S AUXILIARY TO THE BALTIMORE CITY MEDICAL SOCIETY

Mrs. Conrad Acton, President

AN OPEN LETTER*

Dear Friend in Medicine:

As a doctor's wife you are one of us and we need your friendship and your support.

We need your friendship because it is only through friendly understanding of one another's problems that we can do our part to establish good public relations among the doctors themselves and between doctors and the public in general.

We need your support because it is only by working together that we can aid our husbands in solving problems pertaining to the health of the community. The greatest gift that you can give to your doctor husband is a little bit of yourself in the understanding and interest of his profession.

This is the auxiliary to which you rightfully belong. Other wives can belong to hospital auxiliaries, women's clubs, church organizations, etc., but only you, a doctor's wife, can belong to this organization. By joining our auxiliary you become a member of the auxiliaries of your husband's city, state, and national medical societies.

We have only four meetings a year which take place at the Medical and Chirurgical Faculty Building at 1211 Cathedral Street on the second Wednesday of October, December, February and April.

If you care to join the organization, use the membership blank printed below and return it with your check to Mrs. W. Kenneth Mansfield, 1508 Dunlora Road, Ruxton 4, Maryland.

Looking forward to having you with us at our first meeting, I am,

Sincerely yours,

(Signed) *Edith Brantigan*
(Mrs. Otto C. Brantigan)
Chairman, Membership Committee

* This letter was sent on October 1, 1955 to the wives of the members of the Baltimore City Medical Society who have not affiliated with the Auxiliary.

Application for Active or Associate Membership
In The
Woman's Auxiliary to the Medical and Chirurgical Faculty of the State of Maryland
Through The
WOMAN'S AUXILIARY TO THE BALTIMORE CITY MEDICAL SOCIETY
1211 Cathedral Street, Baltimore 1, Maryland

1. NAME_____ PHONE _____
2. ADDRESS_____ ZONE _____
3. SPONSORING PHYSICIAN_____
4. TYPE OF MEMBERSHIP (Must be same as that of Husband)
   ☐ Active ☐ Associate
5. Date_____

Application must be accompanied by membership fee. Active Dues: $5.00
Associate Dues: $3.00

Coming Meetings

BALTIMORE CITY MEDICAL SOCIETY

Amos R. Koontz, M.D., *Chairman* John N. Classen, M.D., *Secretary*
William E. Grose, M.D., *Program Chairman*

Friday, December 2, 1955, 8:30 p.m.

Faculty Building, 1211 Cathedral Street, Baltimore

Symposium on Cancer of the Stomach. CALVIN M. SMYTH, M.D., Surgical Director, The Woman's Hospital, Philadelphia. WILLIAM F. RIENHOFF, JR., M.D., Associate Professor of Surgery, The Johns Hopkins University School of Medicine. SAMUEL MORRISON, M.D., Associate Professor of Medicine and Gastroenterology, University of Maryland School of Medicine.

The doctors are cordially invited by the Woman's Auxiliary to join their wives at a social hour in the Supper Room following the Meeting in Osler Hall.

WOMAN'S AUXILIARY TO THE BALTIMORE CITY MEDICAL SOCIETY

Mrs. Conrad Acton, *President* Mrs. John B. DeHoff, *Secretary*
Mrs. W. Kenneth Mansfield, *Treasurer*

PLAN TO JOIN YOUR HUSBAND ON THE EVENING OF FRIDAY, DECEMBER 2, 1955

The Woman's Auxiliary to the Baltimore City Medical Society plans a drastic departure from the norm, at its second meeting, and has received permission from Dr. Amos R. Koontz, the President of the City Society, to hold a joint meeting with the men on December second —the "President's meeting."

A "Sidewalk Art Show" is planned, where members of both Societies can display their masterpieces, and following the men's meeting, refreshments will be served by the Auxiliary and the Art Show given its full due.

Those who have pictures to display will bring them properly labeled, to the Med-Chi Building when they come to the meeting, and will take them home that night; hence there will be no possibility of loss or damage, ergo, no expense for insurance.

Further notice of this important evening will be posted, but this will serve as a preliminary promise of a gay occasion on Friday, December second.

ANESTHESIOLOGY SECTION*

Leah R. Camp, M.D., *Chairman* Frank J. Brady, M.D., *Secretary*
Tuesday, December 6, 1955, 8:30 p.m.

Faculty Building, 1211 Cathedral Street, Baltimore

Business Meeting Election of Officers

* Section of the Baltimore City Medical Society.

SECTION ON GENERAL PRACTICE*

Kenneth Krulevitz, M.D., *Chairman* Joseph S. Blum, M.D., *Secretary*

Thursday, December 15, 1955, 9:30 p.m.

Faculty Building, 1211 Cathedral Street, Baltimore

The Physician and the Federal Narcotic Law. A representative of the Bureau of Narcotics will speak.

Movie Film

MATERNAL MORTALITY COMMITTEE

Huntington Williams, M.D., *Chairman* George H. Davis, M.D., *Secretary*

Thursday, December 22, 1955, 3:30 p.m.

Faculty Building, 1211 Cathedral Street, Baltimore

Joint Committee on Maternal Mortality of the Baltimore City Medical Society and Baltimore City Health Department.

THE MONTH IN WASHINGTON

AMA, Washington Office

Within a few months there will be under way the first comprehensive survey ever to be made of the nation's mental health problems. The study will attempt to measure the extent of mental illness, to judge the progress and lack of progress in research, and to estimate the additional hospitals and clinics and trained personnel needed before a start can be made toward a solution.

A newly-formed Joint Commission on Mental Illness and Health already has begun preliminary work on the survey. The all-out effort will be initiated—possibly before the first of the year—after the Commission has received the formal approval of the National Mental Health Advisory Council of U. S. Public Health Service and the Surgeon General. Once this endorsement has been given, $250,000 in U.S. funds will be available to help with the first year's operations. Another million dollars is to be supplied over the following two years.

Originally, the Joint Commission was formed by the American Medical Association's Council on Mental Health and the American Psychiatric Association. Later other associations joined in, including the American Association of Psychiatric Social Workers, the American Hospital Association, the American Nurses Association, the National League of Nursing, the American Psychological Association and the National Education Association.

A nationwide survey has been the objective of those associations for more than a year. Substance was added to the idea this year when Congress approved the $1,250,000 fund, to be used over three years, for a comprehensive study. The law specifies that the investigation be conducted by non-governmental bodies; to fully qualify, the Joint Commission has been legally incorporated.

At hearings before Congressional committees early this year psychiatrists and others outlined the complex problem they are facing.

The care of mental patients is one of the great financial burdens of the states; rate of cure and rehabilitation is so low that institutions are being filled as fast as they can be constructed; half the hospital beds are occupied by mental patients and their care costs more than a billion dollars a year in tax funds.

There are not enough psychiatrists trained to administer state programs or even all the large hospitals; competition for the top men in this field has been compared to the proselyting of football players and coaches.

Many of the leading psychiatrists complain that too much attention is being paid to constructing hospitals and not enough to research, which might develop treatments that would keep many patients out of institutions, and bring about the rehabilitation of hundreds of thousands of others now hospitalized.

In testifying before a House committee early this year, Dr. Leo H. Bartemeier, representing the AMA, argued for federal help in conducting the survey. He told the Committee: "For several years we in the profession of psychiatry have been aware of the critical need for a survey and evaluation of our facilities and programs for the diagnosis, treatment and care of the mentally ill and retarded. While the problems of mental illness appear to grow in almost geometric proportion, we find ourselves without a comprehensive, up-to-date, integrated body of knowledge in spite of the fact that many worthwhile surveys and studies in this field have been made. It is only with such complete knowledge that our present and future direction and programs can be properly planned."